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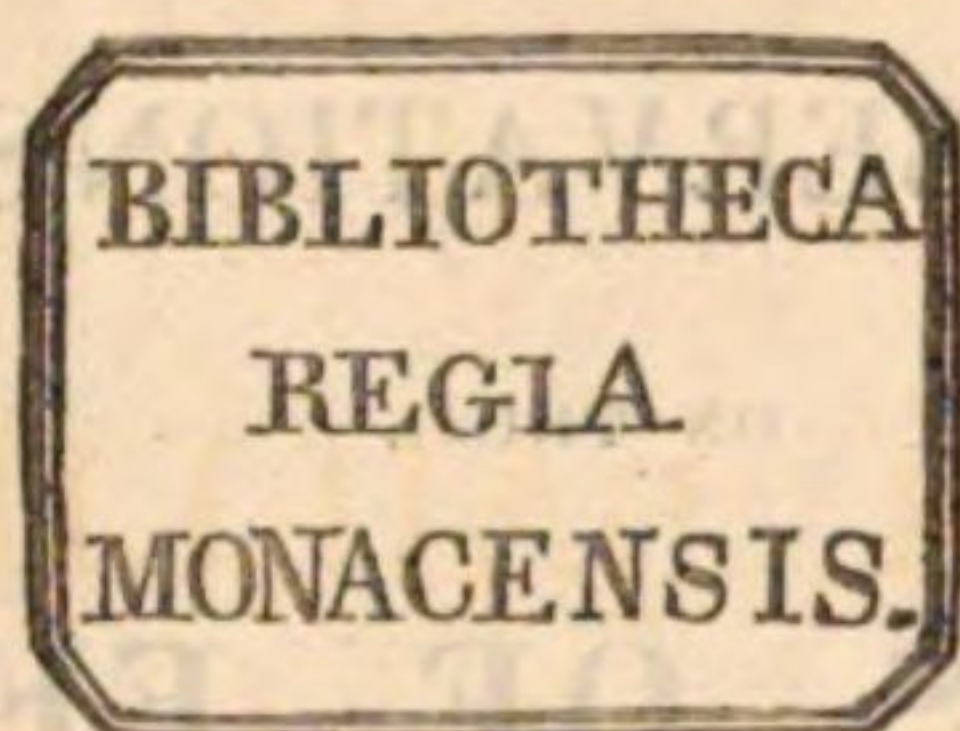
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CHARLES MANSFIELD CLARKE.

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PREFACE

TO

THE FIRST EDITION.

THE author has had two objects in view in laying the following Observations before the public. In the first place, it appeared to him to be desirable to make some arrangement of the sexual diseases of the female. In the second, to show that diseases having some symptoms in common, are nevertheless very dissimilar in their character, and require very different treatment; to demonstrate the impropriety of designating diseases by names which do not convey a true idea of their character; and to point out the dangerous consequences of treating symptoms instead of diseases.

Having been during many years a teacher of midwifery in the school founded by Dr. Denman and Dr. Osborn, and continued by his brother, the late Dr. Clarke, the author's attention has been naturally and necessarily led to contemplate the diseases of the sexual organs, and to consider the best mode of explaining them, so as to make the description profitable to

those whom it was his duty to instruct. In preparing his notes, a question arose in his mind; whether any classification of them would assist the memory in retaining, or the judgment in discriminating and curing them. The opportunities which the author has had of attending to these diseases, and of observing the very general and careless manner in which they are sometimes treated, have induced him to attempt to illustrate them by a plain, unadorned history of their nature and symptoms, and to point out what appears to be the best mode of treatment. In this work no more hypothetical reasoning has been admitted, than was absolutely necessary. The author has endeavoured to confine himself to facts, and the simple narration of them: he has no new theory to offer, no new medicine to propose, the virtues of which he is desirous of establishing.

How to arrange these diseases became an important subject for consideration: they are numerous and dissimilar; arise from various causes, and produce different effects. Some are attended by no discharge from the vagina; others, on the contrary, never occur without discharge, and the nature of this discharge varies.—Here appeared to be a path to follow. Here, at any rate, was presented a mode of making something like a division of these complaints, which might prove serviceable to the

practitioner : for, supposing him not to be very conversant with these disorders, and to be at fault respecting the disease ; supposing, for example, that he is not quite sure whether a tumour in the vagina is a soft polypus, or a cauliflower excrescence ; if he knows that one of these diseases is attended by a mucous discharge and the other by a discharge of water, he will have nothing to do but to enquire into this circumstance, and the question is immediately solved.

It must, however, be allowed, that although attention to a single symptom will not lead to the knowledge of any morbid affection, the knowledge of every symptom by which a disease is attended will render the discrimination between it and all others more easy, the cure more probable, the prognosis more certain.

The First Part of this work, now respectfully offered to the medical profession, contains a history of those diseases which are attended by mucous discharges. Many other important diseases remain to be described under the head of purulent, watery, and white opaque discharges ; and there are others of equal consequence, in which no discharge of any kind is present. These will fall under consideration in a future part of this undertaking.

The author entreats that the reader will make allowances for many inaccuracies in this work. He has endeavoured to write clearly rather than elegantly: he has not wilfully misled any one; and if these Observations shall prove in the smallest degree useful, in diffusing information upon the subject of them, or in mitigating the sufferings of human nature, the author will not consider his labour thrown away, nor his time misemployed.

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OBSERVATIONS,

&c.

INTRODUCTORY REMARKS.

THE diseases of the sexual organs in females, although so various, so distressing to those who labour under them, and not unfrequently so fatal in their consequences, are, perhaps, less generally known and understood by practitioners, than any other complaints to which the human body is subject. They are often neglected by women during their early stages, concealed from a sense of delicacy during their progress, and are often only made known to practitioners, when they have proceeded so far as to be beyond the reach of remedy. In these latter stages, a disease becomes complicated with many symptoms

not originally belonging to it, which are the consequences of high irritation, of great debility, or of the general disturbance of the constitution.

In many of these diseases, when physicians or surgeons are consulted, the patient mentions some prominent symptom, which is *to her the apparent cause* of annoyance; and this is often considered as the disease, and treated as such.

With as much reason it might be expected to remove ascarides from the rectum by making applications to the nostrils, or to diminish the effects of pressure upon the brain by medicines applied to the stomach to relieve sickness, (one of the symptoms of such pressure,) as to cure a woman of an uterine disease in the manner above alluded to. Yet many instances are to be found, where strangury has been treated as an idiopathic affection of the bladder, when it has in fact been symptomatic of a morbid state of the uterus; and also, where an itching of the external or-

gans of generation has been attempted to be cured by a sedative lotion, when it has depended upon the presence of an organic disease in the neighbouring parts; or, lastly, where local astringents, and internal tonics and stimulants, have been prescribed for a case of fluor albus — the *symptom* only of a disease; and *that disease* perhaps of an inflammatory character, which the discharge itself would be likely to relieve, the prescribed remedies certain to aggravate.

Upon almost all the other subjects connected with medicine, information may be obtained from a variety of sources: but upon the subject of the diseases of the female organs, many systems of physic and surgery, otherwise of deservedly high estimation, are entirely without information, and are often more apt to mislead than to instruct. Valuable observations are scattered through the works of different writers, and some detached papers upon the subject may be found in collections and transactions of different Societies; but the student does not know where to look for them: they

require to be collected with much labour, and a great sacrifice of time; and it is almost impossible for a student to separate that which is valuable from that which is useless.

Another reason why the information of the medical student must be defective upon this subject is, that in the course of medical education, very few, if any, opportunities of witnessing any of the diseases of the female parts occur; there being no hospital into which these complaints are expressly received: and from many public institutions they are excluded, being generally chronic diseases; in some instances incurable, and only admitting of palliation.* A student would gain little even if such cases were

* It may appear, at first sight, that the exclusion of chronic diseases of this kind from hospitals is an improper regulation; but, upon considering the matter more closely, it will be found, that though an individual may suffer, the public is a gainer. As the funds, and consequently the means of relief, are limited, it becomes important to extend those means to as great a number as possible. The occupation of a bed in an hospital by one patient labouring under phthisis, or an old ulcer of

admitted; for it could not be expected that a patient would submit to be exposed to the manual examination of a number of students; and without such examination, little good could arise, except in cases of disease in the external organs, which bear a very small proportion to those of the internal or remote parts.

To give a history of the diseases of the female organs of generation, to describe with accuracy their symptoms, to show by means of engravings the alteration of structure which the parts undergo, and thereby to familiarise the mind to them, so that when the diseases are met with, they may be known and distinguished, and to point out the mode of treating them, is the intention of this work. Owing to an imperfect knowledge, all the discharges from these parts, which are not of a red colour, have been classed under the title of "fluor

a leg, for six months, will prevent assistance from being given to many labouring under acute diseases, which might be cured in that period.

albus," and treated as that disease. Various diseases, also, in which there exists pain with a foetid discharge have been denominated cancer. To this confusion of the diseases of the female organs of generation are to be attributed those errors in practice which are frequently observed, which are injurious to the character of the practitioner and not unfrequently fatal to the patient.

That engravings of morbid structure are likely to prove serviceable, in leading to the knowledge of disease in the living body, particularly when connected with a history of the disease, was the opinion of one of the first physicians of this country, to whom medical science is indebted for a very valuable work upon morbid anatomy; — that they are really so, is demonstrated by the estimation in which that work is held.*

If, then, engravings taken from internal parts of the body after death are likely to prove serviceable, it may not be presuming too much, to hope that those which the author proposes to lay before the public will

* Dr. Baillie's Morbid Anatomy.

not be useless ; as every practitioner ought to be well acquainted with the diseases of the female organs of generation, in order to enable him by his sense of touch to discriminate between them. By the frequent employment of this sense, it becomes very acute, so as to convey with great correctness to the mind the impressions made upon it : but much time is required to perfect this sense. Many cases of disease must have presented themselves to the practitioner, before he will have obtained much knowledge respecting them : but if an engraving of the appearances of each disease is brought before his eye ; if this is accompanied by a correct history of the symptoms, and a description of the peculiar nature of the discharge from the vagina, when such discharge accompanies the complaint ; if it can be shown that some diseases are characterised by discharges of a watery kind, others by those of mucus, others by those of pus, or of blood ; — he will meet the first case which occurs to him with a confidence founded upon knowledge ; and judging, by that which he has seen described in plates.

of that which he feels, he will form a better opinion respecting the nature of the complaint, will be able to give a prognostic more likely to be verified, and will direct such measures to be pursued as will tend to its alleviation or removal.

To further this latter view, it is proposed also to give engravings of such instruments as may be necessary for the performance of the operations required in some of the diseases, and of such machines as may be serviceable in applying local remedies to them.

In attendance upon the poorer class of patients, when suffering under the diseases of the external organs, the author has been able to make drawings, showing the appearances of some of these diseases in the living body.

The other engravings are made from a collection of morbid preparations in the possession of the author; and occasionally from those of his friends, where he has found it necessary.

CHAPTER I.

Respecting the Sexual Organs in the Female, as far as their Secretions are concerned.

It is not the intention of the author to increase the size of this work by giving an anatomical description of the female organs of generation, the dissecting-room furnishing a sufficient opportunity to the student to inform himself of their natural structure ; but it must be remarked, that it is highly important that the anatomy of these parts should be well understood. Without this knowledge, diseases cannot be known, nor the degree of them ; for as disease is a deviation from health, the natural structure must be known before those deviations from it can be ascertained which constitute disease. It is also especially necessary to be acquainted with the relative situation of these parts, and with the effects which arise out of this relation : this leads to a comprehension of the manner in which the disease is produced, frequently accounts for many

symptoms which could not otherwise be explained, and gives a direction to the application of those modes of treatment which may prove serviceable in restoring the parts to health.

As an accurate knowledge of the different secretions from these parts will very materially assist the practitioner in his inquiries, some remarks will be made here respecting them.

All the discharges from these parts come away from the os externum; but they spring from various sources, and are of different kinds. The parts from which these secretions arise, are: —

1. The internal surface of the uterus and of the fallopian tubes.
2. The inner membrane of the vagina.
3. The lacunæ about the os externum.
4. The mucous membrane of the urethra.*

* These are the surfaces from which the natural secretions arise: but discharges from the os externum may ori-

These will be separately considered.

1. The secretions from the uterus. These are : —

α . The menstruous secretion.

β . The secretion from the mucous membrane of the uterus, which extends to the cavities of the fallopian tubes.

γ . The secretion from the glands in the neighbourhood of the cervix of the uterus.

α . The Menstruous Secretion.

The menstruous secretion is a fluid of a red colour, possessing very little tenacity, which does not coagulate, poured out by the arteries of the uterus, once every lunar month in healthy women, if they are neither pregnant nor suckling* ; it begins at puberty, and generally continues till between the age of forty and fifty in this

ginate from the surfaces of newly-formed tumours, as the cauliflower excrescence ; or they may be the contents of cysts of hydatids.

* Some women who give suck do menstruate, but it is not usual.

country: so that, calculating the age of puberty to be the fifteenth year, and the duration of life to be seventy years, it may be said that the menstruous secretion is performed during three sevenths of it.

A case is related in the Transactions of the Medical and Chirurgical Society of London, by Dr. Martin Wall, professor of clinical medicine in the University of Oxford, of a child, aged nine years, having menstruated regularly from the age of nine months; in whom also all the symptoms, which attend puberty, were present before she was two years old.

The author has known an instance of an European child who went to the East Indies at the age of six years, in whom menstruation took place at the ninth year, and continued to occur regularly during three months; but the child then returning to a more temperate climate, the secretion ceased, and has not yet returned. The child is now twelve years old.

It is of material consequence for practical purposes, to observe that menstruation is a secretion, and not an effusion of pure blood either from arteries or veins. All blood from the sanguiferous vessels (with very few morbid exceptions) coagulates; whilst the fluid of the catamenia does not, whether it comes away in a stillatitious manner, or is retained in large quantity, as in the case of imperforate vagina.

The quantity of the menstruous fluid is greater in warm than in cold climates: and, if a woman lives in an atmosphere artificially warmed, the same effect is produced.

At each period of menstruation, the average quantity lost in England, and perhaps in other countries in the same degree of latitude, may be reckoned at four ounces, which takes up about four or five days in coming away: in some women it lasts a week; in others not more than two or three days. Plethoric women are more liable to the first, and women of delicate health to the last, occurrence.

Whatever is capable of increasing the determination of blood to the vessels of the uterus, may increase the quantity of this secretion; and if this determination of blood is increased above a certain point, the orifices of the vessels give way, and blood is mixed with the secreted fluid: but if, in consequence of this determination of blood to the uterus, inflammation takes place, then coagulating lymph is thrown out, as from other inflamed mucous membranes, and the secretion is diminished till the lamina of coagulating lymph is separated; this is found to be the case in painful menstruation.

From the definition above given of the menstruous fluid, it will be seen that it does not possess the coagulating part of the blood; and instances have occurred where the red colour has been wanting; but from the quantity of which, a woman has been obliged once in a month to take the ordinary precautions of a menstruating woman.

β. *The Secretion from the Mucous Membrane of the Uterus, and of the Fallopian Tubes.*

The uterus is lined throughout with a mucous membrane, which also is spread along the fallopian tubes. The secretion from this membrane is permanent, and continues during the whole of life, with the exception of the period of pregnancy; at which time the internal structure of the uterus undergoes a great change, and forms the outer membrane of the ovum, called the *Membrana Decidua* by Dr. William Hunter. This mucus resembles, in consistence and appearance, the uncoagulated white of an egg, and does not differ from mucus in other parts of the body.* A very small quantity of this mucus is secreted; its use being simply to lubricate the sides of these passages, so as to prevent the cohesion of them; and for this

* According to the experiments of Mr. William Brande, mucus consists of albumen and soda. — See a paper in the *Philosophical Transactions*, on albumen and some other secreted fluids.

purpose very little is sufficient. In the other passages, which have external openings, the mucus is to be considered likewise as a defence against stimulating bodies which pass through and into them.

γ. The Secretion from the Glands in the Cervix of the Uterus.

The structure of the uterus itself is very simple. Its sides are muscular, and the muscular fibres are capable of great exertion; and it is principally owing to the contraction of these fibres that uterine hemorrhage after parturition is restrained.

The structure of the cervix of the uterus is more complicated; more nerves are sent to this than to any other part of the viscus; on which account the dilatation of this part is attended with great pain in labour, and the diseases affecting it are productive of great distress and suffering.

The cervix of the uterus is also beset with a number of glands. These glands are more

readily discernible in women who have died pregnant ; and in some bodies they are probably much more numerous than in others.

The mucus secreted by these glands contains a smaller proportion of water than any other mucus in the body, approaching nearer to the nature of a solid than to that of a fluid body : it is semi-transparent, and possessed of a great degree of tenacity ; it adheres to the fingers like birdlime ; but the attraction of cohesion between its parts is so strong, that it may be generally drawn away entire from any body to which it has adhered. If the uterus of a pregnant woman is examined after death, this mucus may be drawn out of the orifices of the glands which secrete it. — These glands, in a state of health, perform the office of secretion in pregnancy only ; or, if at any other time, the matter secreted is of a very different kind, so resembling common mucus, as not to be distinguished from it.

It is probable that the secretion of this viscid substance is confined to the com-

mencement of the state of pregnancy; for if the body of a woman, in the third month of uterogestation, is examined after death, the quantity of mucus filling the cervix uteri will be found to be quite as considerable as at the close of pregnancy. The intention of this mucus has been supposed to be, to prevent the escape of the ovum in its early state; and that when it has answered this purpose, the secretion ceases; but it is probable that it has some other use, at present not understood.

It is known that the uterus prepares for the reception of the ovum, before the ovum reaches its cavity, by the formation of the decidua: the cervix uteri also performs the secretion of this viscid substance immediately after impregnation has taken place.*

* Vide Medical Commentaries; and a paper, by Dr. Clarke, in vol. i. of the Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge. — The parts referred to are preserved in the collection of the author; and in the preparation both these facts are demonstrated.

2. *The Secretion from the inner Membrane of the Vagina.*

This membrane presents a very large surface for secretion, which is constantly going on. The quantity of this secretion is liable to great alterations, from causes which will be hereafter enumerated. This mucus is thinner than that formed by the mucous membrane of the uterus; for the finger, when withdrawn from the vagina of a healthy woman, after an examination, is merely moistened with a fluid, evidently containing a much larger quantity of water than mucus generally, or that formed by the uterus, contains; for, if, in a case of procidentia uteri, where from the extent of the disease the os uteri has become visible, the finger be applied to that opening, the mucus from it may be drawn out in filaments. The inner membrane of the vagina (the surface which secretes this mucus) is generally thrown into a vast number of folds, which do not follow any regular arrangement, like those within the cervix of the uterus. This corrugation

of the membrane is greatest in the foetus and in young children : in maiden women it is considerable ; but in married women, particularly in those who have borne many children, it is less observable. A number of muscular fibres surround the vagina ; and by the action of these fibres the capacity of the vagina is diminished, and the number of the rugæ increased. By means of volition these fibres may be excited to a stronger action : but this is temporary, and continues only whilst the will is directed to produce this effect. A woman from whom one of the drawings of procidentia of the uterus was taken, had the uterus returned to its situation within the body, and was enabled to retain it for a short time in that position by the exertion of her will ; but in a short time the tumour came down again, the mere tone or permanent contraction of the fibres being inadequate to produce the same effect.—The number of rugæ in the vagina is in proportion to the strength of the woman : when this has been greatly diminished, the lining of the vagina becomes more and more smooth, by the rugæ being diminished in

number; till at last, in those cases, when, from the effect of long disease, or great age, or hemorrhage, the powers of the body have been nearly exhausted, the rugæ are quite obliterated, making the inner part of the vagina perfectly smooth. If the body of a woman who has died of hemorrhage after a labour is examined, this will be plainly perceived. The secretion from this membrane is least in quantity when the wrinkling is the greatest:—for example, it is very trifling in children and in maiden* women; but it is formed in the greatest quantity, and more frequently, in married women who have borne many children, whose vagina has been most frequently dilated. In cases of great debility, from any cause, this discharge almost always attends; but as the system acquires strength, the discharge diminishes, till it ceases altogether.† In advanced life,

* *Virgines rarò hoc malum (fluor muliebris) infestat, frequentius adultiores.* — Sennertus, lib. 4. pars 2. sect. 2. cap. 12.

† *Προς δὲ λευκος ἐν τῇσι γεραιτέρῃσι τῶν γυναικῶν μάλλον γίνεται ἢ ἐν τῇσι νεωτέρῃσι.* — (Ἱπποκρ. περὶ γυναικείων, βιβλ. β.)

although the rugæ of the vagina are nearly obliterated, the humidity of this passage diminishes, partly from the small quantity of blood in circulation, but principally from the lessened determination to these organs; aged persons become liable sometimes to considerable irritation in these parts from the effects of friction, the moisture of these passages no longer existing: analogous to this complaint, is the very troublesome disease called prurigo senilis.*

If the vessels of the uterus and of the vagina are injected by coloured wax thrown into the hypogastric arteries, several vessels of a considerable size may be seen running from the hypogastric arteries along the sides of the vagina towards the os externum; and partly by these vessels, and partly by some branches of the pudica artery, this secretion is performed. When the muscular fibres which surround the vagina contract, the small branches of these vessels

* In the collection belonging to the author, there is a preparation of a fatal laceration of the vagina of an aged person in consequence of coitus.

will be pressed upon, and their diameter will be diminished: in consequence of this diminution of their diameter, the stream in them will be lessened, and less blood will be sent to the parts which they supply; but if the power of contraction in the muscular fibres surrounding the vagina be lessened or lost, then, no restraint being laid upon the vessels, more blood rushes through them, their diameter being increased; and the parts to which they go will be supplied more plentifully. So, likewise, if the canal is very much dilated by any cause, this muscular band, being put upon the stretch, will be unable to act at all; and a like effect will be produced upon the blood-vessels which furnish fluids for secretion.

In moist countries and climates, also, where it is to be expected that the tone of the body would be diminished, this discharge is found to be very profuse.*

* “ In Holland, fluor albus is frequent, and in a manner peculiar to the place, from the dampness of its situation. I have attended more women labouring under

3. *The Secretion from the Lacunæ seated in the Vestibulum.*

The term vestibulum has been given to that part of the passage leading to the uterus, which lies upon the outside of the hymen: beyond this membrane the canal is called the vagina.

Between the clitoris and the meatus urinaris are to be seen small openings, which pour out a glutinous mucus. Two other openings of the same kind are situated upon each side of the vestibulum, at about an equal distance from the fore and back part of the passage: these are large enough to admit the end of a bristle. There are also several little orifices very near to the carunculæ myrtiformes. All of these open-

fluor albus in autumn, than at any other season of the year, especially when the weather was extremely moist and cold. Most of them were cured by change of diet, increased perspiration, and the proper use of Peruvian bark and aromatics." — Leake's Medical Instructions, vol. i.

ings pour out a glutinous mucus which has a peculiar odour.*

4. *The Secretion from the Mucous Membrane of the Urethra.*

The urethra is lined throughout with a mucous membrane, which secretes a viscid mucus: this shields the membrane, and prevents the salts of the urine from stimulating it. If, however, the urine is rendered particularly acrid from substances taken into the stomach, or from improper actions going on in the stomach, the mucous membrane may be irritated through this mucus by such increased acrimony; which, though it may be equal to defending it from ordinary stimuli, may be incapable of protecting it from others which are stronger. This is the case also in other mucous membranes. Mucus, secreted in diseased states of the bladder, escapes occasionally in large quantity from the orifice of the meatus urinarius, so as to give a ropy consistence to the urine.

* This mucus sometimes becomes inspissated; and the author has seen portions of it as large as a small nutmeg in the fold of the prepuce of the clitoris.

CHAPTER II.

Profluvium Vaginale, or Vaginal Discharge.

UNDER the above term it is proposed to comprehend those morbid discharges from the vagina which have been variously, and perhaps improperly, named by writers.

If a practitioner is capable of removing that assemblage of symptoms which attends a disease, it is very immaterial what name he gives to it, or whether he affixes any name to it at all. On the other hand, the adaptation of a proper name to a disease will not always lead to the successful treatment of it. For example, if a surgeon is called to a patient, who, having been subject to giddiness, is attacked by a sudden privation of sense and the power of voluntary motion, whose pulse is full and slow, whose face is red, and whose breathing is stertorous; if he takes away a large quantity

of blood, such a patient will be as much relieved as if the surgeon knew that the complaint was called apoplexy. And if a surgeon should be able to attribute certain symptoms to an aneurism of the aorta, the disease will be as much beyond the reach of remedy as if no name was conferred upon it. Nevertheless, it is necessary, for the purpose of description, to designate every disease by some appellation; and great care should be taken that it should be an appropriate one, or at least that it should not mislead.

Hippocrates calls the morbid discharges from the vagina which are not menstruous, “*γυναικεία λευκά.*”

Sydenham gives to these discharges the name of “*fluor muliebris.*” He considers the complaint to depend upon debility, and to be allied to diabetes, respecting which he observes: “*Curativæ indicationes ad sanguinem invigorandum corroborandum-que.*” Then follow some prescriptions for medicines of a tonic and stimulating kind.

After this he concludes by saying : “ Eâdem fere methodo atque iisdem remediis contumax iste, et diuturnus affectus fluor muliebris sanatur ac diabetes modo dictus ; nam utrobique indicationes curativæ eâdem sunt, quantumcunque inter se hi duo morbi dissidere videantur.” — Vide Epist. 1. de Morb. epidemic. ab anno 1675 ad annum 1680.

Dr. Mead describes the disease under the name of “ fluor albus : ” — “ Fœdus morbus est tetra ista colluvies quæ colore albo ex foeminarum naturalibus interdum profluit : hunc autem humorem modo profundunt canales uterini, modo ex glandulis quibus consita est vagina erumpit. In utrâque mali specie corporis habitus præcipue habenda est ratio : ab illius enim vitio tam hic quam iste morbus originem trahit : ubi autem in ipsâ vaginâ sedem fixit externa etiam opus sunt.” — Mead’s Monita et Precepta, cap. 19. sect. 3. The mode of cure recommended by Dr. Mead, consists of the exhibition of an emetic of Vin. Ipecac., of purgatives of rhubarb, with occasional doses

of mercury six times sublimed: and if the fibres are lax, and require to be strengthened, steel is to be exhibited. Astringent injections are recommended by him to be thrown into the vagina, which is also to be fumigated with a powder consisting of some gum resins and cinnabar of antimony.

Dr. Cullen treats of the disease under the title of *Leucorrhæa*: — “ Every serous or puriform discharge from the vagina may be, and has been, comprehended under one or other of these appellations — *Leucorrhæa*, *fluor albus*, or whites. Such discharges may be various, and may proceed from various causes not yet well ascertained: but I confine myself here to treat of those discharges alone which may be presumed to proceed from the same vessels which in their natural state pour out the menses.” — “ As the *Leucorrhæa* generally depends upon a great loss of tone in the vessels of the uterus, the disease has been relieved, and sometimes cured, by certain stimulant medicines, which are commonly determined to the urinary passages, and from the vici-

nity of these are often communicated to the uterus : — such, for example, are cantharides, turpentine, and other balsams of a stimulating nature.” — Cullen’s Practice of Physic.

By Dr. Denman, in his valuable Introduction to the Practice of Midwifery, and by Dr. Heberden, in his Commentaries, published after his death by his son, the disease is named “fluor albus :” and both of these writers have given very accurate descriptions of it.

“ A mucous, ichorous, or sanious discharge from the vagina or uterus, is called fluor albus : these discharges are various in their degrees as in their kinds ; from a simple increase of the natural mucus of the part, to that which is of the most acriminous quality ; but the first is not esteemed a disease, unless it is excessive in its degree. It is the most frequent complaint to which women are liable, and is by them suspected to be the cause of every disease which they may at the time suffer : but it

is generally a symptom of some local disease, or a consequence of great debility of the constitution ; though, when profuse, it becomes a cause of yet greater weakness."

— Dr. Denman's Introduction to the Practice of Midwifery, chap. 3. sect. 6.

" Humor iste, quanquam plerumque albus ut vulgo appellatur, et aquæ similis, interdum tamen glutinosus est, et coloris subflavi, item subviridis et mali odoris, atque tam acris ut nisi partes in quas descendit sæpe eluantur levis inflammatio fiat cum prurigine et dolore: cuticula quoque deteratur, et urina reddi nequeat sine sensu pungentis caloris." — Heberden's Comment. cap. 41.

By La Motte, in his work entitled *Traité complet des Accouchemens*, the complaint is called, "*Les fleurs blanches*."

Dr. Hamilton, in his *Treatise on Female Complaints*, considers the disease under the head of "*Sexual Weakness*;" and amongst women above the lower class of

life in this country the discharge is called "a weakness."

The most vulgar denominate the discharge "the whites."

In reviewing these names, we shall find that they are all objectionable, with the exception of that employed by Sydenham, "fluor muliebris," which term is as applicable to the menstruous discharge as to any other.

The term "a weakness," deserves particularly to be reprobated; because it may, and actually does, very often become the reason for prescribing tonic medicines, which may be most detrimental to the patient. Indeed, women often spontaneously have recourse to strengthening medicines, and to a nutritive diet, in many such cases, in which both are injurious.

The author has prefixed the expression "vaginal discharge" to this chapter; but

he wishes it to be considered as a symptom, and not treated as a disease. The most simple definition of it appears to be, that it is a discharge of a fluid flowing from the vagina, varying in its consistence, quantity, and colour; either produced by weakness of the constitution, or by a change in the structure, position, or actions of the neighbouring parts, such change being the effect of natural or morbid causes.

It is very important to enquire into the cause of these discharges; by the knowledge of which, the judgment of the practitioner will be directed to the best mode of treatment.

If the discharge is the effect of weakness, and if by its continuance the original weakness is increased, tonics will be required. If it depends upon some tumour in the vagina, the removal or support of this will also remove the discharge. If it arises from inflammatory action, this must be removed before any endeavour to restrain it is employed; for, as the discharge during

its continuance lessens the violence of the disease which produced it, it should not be checked till such inflammatory action is diminished. Nothing can be more injurious under such circumstances than the exhibition of tonics and stimulants, as cantharides, turpentine, and steel.

In many cases it is as absurd to restrain the discharge from the parts, as it would be to endeavour to put an end to the natural salivation of a teething child whilst the determination of blood to the head continues, or to heal an ulcerating surface in a constitution which has been long accustomed to it, without substituting some other secretion for it.

In many complaints of the female organs the patient is liable to discharges, and these are of different kinds: but all the varieties of discharge are not met with in one patient at the same time; since in one case the discharge is mucous, in another purulent, and in another watery.

The author hopes that some advantage will be gained by classing these diseases according to the peculiar nature of the discharge which accompanies them. — It must be allowed that there are mixed cases, where the discharges vary from their usual appearance; moreover, a discharge of one kind will mark one stage of a disease, and a discharge of another kind a different stage. As happens in diseases in other parts of the body, one disease also is sometimes blended with another; and the discrimination of these modifications and irregularities constitutes no small part of the skill of the practitioner. — A scirrhus tumour of the uterus may have been attended (for years perhaps) by an increased secretion of mucus; but, upon this disease becoming active by inflammation attacking the tumour, so as to convert it into cancer, the discharge becomes purulent and highly irritating. The period of this conversion is indicated by the alteration in the nature of the secretion.

In the cauliflower excrescence of the os uteri *, the discharge consists of little more than a clear watery fluid: blood, however, is sometimes mixed with it, or perhaps comes away alone in large quantities. Nevertheless, the discharge of blood forms no part of the peculiar character of this disease, but it is generally produced by violence or improper exertion.

The discharges from the vagina may be comprised under the following heads: —

1. Transparent Mucous Discharge.
2. White Mucous Discharge.
3. Watery Discharge.
4. Purulent Discharge.
5. Sanguineous Discharge.

Transparent Mucous Discharge.

By transparent mucous discharge is meant

* See a paper by Dr. Clarke, in vol. iii. of the Transactions of a Society for the Promotion of Medical and Chirurgical Knowledge.

that which is gelatinous, nearly transparent, and capable of being coagulated.

White Mucous Discharge.

The white mucous discharge is opake, of a perfectly white colour; and it resembles, in consistence, a mixture of starch and water made without heat; or thin cream.

This discharge is easily washed from the finger after an examination; and it is capable of being diffused through water, rendering it turbid.—A morbid state of the glands in the cervix of the uterus probably gives rise to this discharge; at least, the cases in which it comes away are those in which the symptoms are referred to this part; and when pressure is made upon the cervix uteri under such circumstances, the woman complains of considerable pain.

Purulent Discharge.

The term purulent discharge needs very little explanation, meaning simply that in

which the fluid resembles pus secreted by the surface of an ulcer.

*Watery Discharges.**

Under the head of watery discharges are comprehended those which resemble clear water, having no colour, and which contain

• It is not intended under the present head to include involuntary discharges of urine, arising from paralysis of the neck of the bladder, or communications between the bladder and the vagina. There will be no difficulty in distinguishing between urine and any other watery fluid, if a moderate degree of attention be given:— the smell itself will be in most cases sufficient to detect the difference: but where (as in some hysterical cases) the urine possesses little colour or odour, the nature of the fluid may be readily ascertained by some enquiries made of the patient respecting the commencement of the disease, the supposed cause, and the accompanying symptoms; especially whether, in addition to the constant discharge of a fluid, the patient is at any time enabled to retain much urine in the bladder: for in no case of palsy of the neck of the bladder, or destruction of the parts between its cavity and that of the vagina, can much urine be retained; and it generally runs off as fast as it is secreted. — Obvious as the diagnostics are, it has occurred to the author to witness an instance where the mistake was made, and it may often have happened.

very little glutinous matter ; sometimes none at all.

If the discharge of blood (the quantity of which is sometimes very great) be excepted, the watery discharge exceeds in quantity any other which these parts furnish. The linen of the patient will often appear as if drenched with water, and no care (so long as the disease continues which gives rise to it) will prevent the patient being rendered uncomfortable by it. By a steady perseverance in a proper plan in one case of disease in which the watery discharge arises, it may be much moderated ; whilst in another*, no remedy will produce any effect upon it.

Sanguineous Discharge.

The sanguineous discharge is that of which blood forms the principal part, or perhaps the whole, of the matter evacuated. — The appearance of blood is too well known to be mistaken ; but in proportion

* Hydatids of the uterus.

to the quantity evacuated, or the length of time which it takes up in escaping, will be its fluidity or form. When the quantity is considerable, when it escapes from large vessels, or is quickly forced out by the energy of the action of the heart and arteries, it comes away in a fluid state: when it escapes more slowly, and the exit of it is for a while retarded, being in a state of rest, it coagulates, assuming the figure of the parts in which it lies: where very little is poured out, not enough to form a stream, or a coagulum of much thickness, it simply covers the surfaces over which it flows, and becoming solid, escapes from the external parts, either in the form of hollow casts of the cavities in which it has been retained; or sometimes, spreading itself over the surfaces of tumours, it comes away in the form of circles of coagulated blood. In this latter case, the shape of these rings of blood escapes observation generally; because, being received upon the linen of the patient, they collapse, and thus lose their original form: but if they are placed in water, or if, coming away with the urine, they fall

into the vessel which contains it, their form is developed. — By the action of the surrounding parts upon these coagula of blood, the serum is squeezed out of them; and the coagula themselves, having acquired a greater firmness than usually belongs to coagulated blood, are sometimes regarded by patients as diseased tumours which had been formed in the parts. The coagulating lymph of the blood sometimes comes away unmixed with the colouring matter or the serum: this happens in inflammation of the mucous membrane of the vagina and uterus. Many cases of this kind are mistaken for abortions: since the substance discharged resembles decidua, both in colour and thickness; and the pain which attends them makes the resemblance between the two cases greater. Periodical returns of the pain are met with in both occurrences. The difference between the two cases consists in this — The transparent membranes of the ovum will be wanting, if the case is not abortion; and in inflammation of the mucous membrane of the uterus and vagina, although there will be occasional pain in

the attempts to expel the adventitious matter, there will remain a permanent pain, arising from the continuance of the morbid action of the parts, which will be wanting in abortion.

Of some diseases of the uterine system, the white mucous, and the watery discharge are pathognomonic symptoms : but the sanguineous belongs to none exclusively, being met with occasionally in most of them : in some it appears with more violence than in others : its quantity may not exceed a few drops ; or it may be so profuse as to bring the life of the patient into immediate hazard. — It is unnecessary in this place to consider more fully sanguineous discharges, because they will be described in the history of those diseases to which they belong.

An evacuation of blood from the uterus takes place in some cases of disordered menstruation, without any alteration of the structure of the parts. — These cases may

perhaps be the subject of future consideration.

There are some diseases of the female organs which are unattended with any discharge from the vagina. — These will also be described at some future period.

Of all the discharges which come away from the vagina, those of mucus are the most frequent, as they are capable of being produced by several complaints of the parts: besides which, the mucous discharge is that which takes place frequently (in those women whose constitutions have been much weakened) from debility alone.

CHAPTER III.

General Observations on Sexual Diseases, and on the Necessity and Mode of making an Examination per Vaginam.

THERE are no diseases which excite in the mind of the patient a greater degree of anxiety and distress than those affecting the sexual organs, both male and female. The first appearances of disease are marked with attention, enquiries respecting them are made with earnestness, and their progress is watched with the most unremitting care. This is not only observable in persons of weak minds and fearful dispositions ; but in those who possess the strongest understandings, whose minds have been accustomed to contemplate danger, and fortified by religion and morality.

So connected is the happiness of mankind with the well-being of these parts, and so diffused is the influence which these parts

have upon the functions of others essential to health, that it excites no surprise that the anxiety respecting them should be so great.

The diseases of these parts affect either the external or the internal organs, of which complaints the latter are by far the most numerous.

The existence of these diseases and their kind can only be known by an examination *per vaginam*: and this should be always proposed and performed, whenever there is reason to believe, from the symptoms, that they depend upon any local cause. If it should be found, upon examination, that no such local disease exists, the state of the constitution is to be enquired into, and remedies applied for its relief. If, on the other hand, it should appear that the parts are altered in structure or situation, such local remedies are to be used as will either cure or palliate.

It should also be recollected, that it is no

inconsiderable comfort to a patient who believes herself to be affected by some fatal complaint, to be informed after such examination that no such complaint exists; so that in either case the patient is sure to be recompensed.

The human mind is prone to look upon the dark side of objects; and for the sacrifice which on this occasion the woman makes of her feelings to her health, she is amply compensated by the information acquired.

In making such examination, the person of the woman should on no account be exposed, and as much care as possible should be taken to avoid giving pain.—Even when, as in the case of a tumour in the parts, it becomes desirable to know whether that tumour is sensible, this should be ascertained with the greatest tenderness. The finger should be covered with some unctuous substance, in order to avoid giving any unnecessary uneasiness. After the examination has been made, the finger is to be wiped upon

a clean napkin, which will show what is the nature of the discharge.

It is notorious that many practitioners prescribe for complaints of these organs from a mere history of the symptoms given by the patient. It is quite impossible in many complaints to depend upon such descriptions; and daily experience demonstrates the futility, and in some cases the injury, arising to patients from medicines prescribed upon such vague information.

From the general disinclination of practitioners to make an examination, arises in part their want of success in the treatment of these complaints; and from this omission proceeds the dislike which many patients have to an examination being made by a second practitioner, when it had not been proposed by the first. In considering the complaints of these organs, it does not appear that they are more easily discovered than those in other situations: they require as much, and as attentive investigation; they are not less numerous, or

more simple, than those of other parts; and by conjecture alone truth is not likely to be elicited.

But, let it be granted that they are simple. Is it not customary in other instances to pay a nice attention to simple complaints? Is it usual to prescribe for a sore throat without looking at the fauces? If a patient has a purulent discharge from the anus, is it not the business of a surgeon to examine whether fistula be present? If a man advanced in life has a mucous discharge from the urethra, the practitioner would suspect disease of the prostate gland, and would not be satisfied without making the necessary examination. These instances need not be multiplied. If all this be so, it is equally right for the practitioner to examine a female patient, whenever he suspects that disease is present, to ascertain its existence, or to distinguish its character.

Perhaps the nature of his other avocations may not lead him very often to meet with uterine diseases; and he may be too little

acquainted with the state of the parts to draw any just conclusions from this investigation. If this is an excuse for not making the examination himself, he should take care that this very necessary duty should be performed by another who is competent, and accustomed to make it, and who possesses ability to describe with accuracy what has been found on examination.*

* It is happy for the public, and no less creditable to the profession, that physicians of the highest rank have, within the few last years, not been contented with the descriptions of others; but, having acquired the information themselves, have judged for themselves. Party prejudice has yielded to the public good; and the example of the Saviour washing the feet of his disciples has not been thrown away upon a class of men, not less celebrated for their general learning, than for their universal philanthropy.

CHAPTER IV.

On Sympathies.

BETWEEN different parts of the body, sympathies of various kinds exist; some of which are indicative of healthy actions, and others of morbid changes. On the subject of these sympathies every practitioner should be informed, as the knowledge of them is involved in almost every case respecting which a physician or surgeon may be consulted.

Amongst the most common of the healthy sympathies may be mentioned that between the testicle and the organs of voice in the male; that between the uterus and the stomach, and between the uterus and the breasts, in the female; and that between the skin and the internal cavities in both sexes.

The morbid sympathies are very numerous. — By morbid sympathy is meant that consent between one part of the body and

another, which arises in consequence of a part having undergone some alteration in structure or action, which excites sympathy in another.

Morbid sympathy is found to exist between those parts affected by the sympathies of health ; but it is also met with in parts between which, in health, there is no evidence of sympathy at all. For instance ; a pain in the shoulder attends a diseased state of the liver : but no one, whilst the liver is in a healthy state, and performing its natural functions, would be led to think that any such sympathy between these parts existed.

Morbid sympathy may be divided into the single or simple sympathy, the compound, and the reciprocal. — Of the single or simple sympathy, many examples present themselves : that between the liver and the shoulder has been mentioned above.

When the functions of the stomach are disordered, and sometimes when only in a very trifling degree, the breasts become

softer and more flaccid, and the gland itself seems altogether gone; and this too when the tone of the system generally is not much diminished, nor the size of the other parts at all shrunk. In this case, the return of the firmness and former size of the gland becomes the strongest proof of the returning health of the stomach.

An exception to the above statement, respecting the sympathy between the stomach and the breasts, is observable in pregnancy; in which state, notwithstanding the functions of the stomach are greatly deranged, the breasts continue firm and hemispherical, and become even harder and larger than at other times: but this is to be regarded in another way, and forms a part of a process for the maintenance of the child when born.

When the lower part of the intestinal canal is irritated by ascarides, there is frequently an itching of the nose.

The whole constitution appears in some

cases to sympathise with a part, since in large external, and particularly in internal inflammations, a shivering fit sometimes comes on.

But it is to be observed, that these sympathies are single, and not mutual; for when the nostrils are irritated by polypus, or by inflammation of the membrane which lines them, no increased irritability of the anus is excited; neither is any uneasiness in the region of the liver produced when the shoulder is affected by disease.

There are some sympathies which are reciprocal; that is, when the parts mutually sympathise with each other.

In certain affections of the brain, there is sickness of the stomach; and in a disordered state of the stomach, pain is felt in the head.

If a man receives a blow upon the testicles, sickness of the stomach comes on: on the other hand, when the functions of

the stomach are deranged, the passions connected with and dependent upon the testicles are dormant.

In other cases the sympathies are of a compound nature; as where a diseased uterus produces sickness of the stomach, and the latter organ being disordered, pain in the head comes on: here the sympathy is not direct between the uterus and the head, but the head is affected through the medium of the stomach; for the same disease not being attended by any complaint of the stomach, the head does not suffer. A lady between fifty and sixty years of age was attacked with pain in the back and at the bottom of the belly, attended by a purulent discharge from the vagina: there was nausea and vomiting, spasmodic pains were referred to the epigastric region, and there was pain over the anterior part of the head. An examination being made, the uterus was found extremely sensible to the touch, but it was not enlarged; at least, no enlargement could be ascertained by examination: recourse was had to the

hip bath and other remedies ; and at the end of a few days the pain in the back and belly ceased, the sickness went off, and the patient was no longer troubled by head-ach. At various times since the first attack, this patient has been liable to the same symptoms, which have come on in the same order of succession ; and they have yielded to the same means. The uterus appears to be a very fertile source of sympathy, and many symptoms referred to other parts arise from it. On this subject Sennertus has the following passage: "*Habet præterea hæc pars cum multis aliis partibus consensum, unde varii morbi et symptomata varia excitari possunt.*"

The influence of the uterus upon the stomach is one of the most remarkable of all the sympathetic affections between this organ and any other. "*Uteri affectus ferè omnes ventriculo nocent.*" Heberden. *Commentaria de Historiâ Morborum*, cap. 97.

In cancer of the uterus, the stomach is always more or less affected with vomiting.

When the uterus has been ruptured, vomiting comes on; and the matter rejected is of a black colour, resembling coffee-grounds.

In amenorrhœa, the symptoms which belong to the stomach constitute a very important part of the disease.

In dysmenorrhœa, or painful menstruation, sickness and vomiting are present during the acute stage, and the effects of impaired digestion or disease of the chylopoietic viscera distress the woman in the intervals between the periods of menstruation.

The bladder and the rectum sympathise with the uterus; and hence strangury and tenesmus attend many of its complaints, as well as the process of labour. Frequently, these symptoms are produced by mechanical causes, as by tumours of the uterus pressing upon the rectum or upon the meatus urinarius. It is highly important to investigate these cases fully, as, from the

relative situation of these parts, and the existence of sympathy between them, mistakes may otherwise take place.

A tumour attached to the posterior part of the uterus may so compress the rectum between the os sacrum and itself, as to allow the fæces to pass with great difficulty, or to obstruct the passage of them entirely, unless when they are of a very small size. This has led practitioners often to suspect stricture of the rectum; and upon carrying the finger into the rectum, this suspicion is confirmed; the size of the fæces passing through the sphincter ani being not only rendered much smaller, but a resistance being offered to the passage of the finger. But let the examination be extended to the vagina, unfounded suspicion is done away, truth rises in its place, and the practitioner is at once put into possession of the real state of the patient.

A pain in the back is present in many diseases of the uterus; arising, perhaps,

partly from sympathy, and partly from the origin of the sacral nerves.*

Pain in the lower extremities attends some uterine affections: previously to the appearance of the menses, and before the coming on of each period of menstruation, it is experienced by many women. It has been observed as a precursor of puerperal mania. — This pain in the legs is very different from cramp in the lower extremities, produced by pressure upon the sciatic nerve of one or both sides; and it takes place in cases where no such pressure is, or can be made.

The abdominal muscles sympathise with the uterus; but not unless the muscular fibres of the uterus are in a state of con-

* At the moment at which the author is writing this, he has a patient who had been taking medicines for a considerable time, under a supposition that she laboured under stone in the bladder. — She has a tumour projecting from the anterior part of the cervix of the uterus, upon which all her symptoms depend; and there is every reason to believe that the bladder is perfectly healthy.

traction. If there is any substance to be expelled from the cavity of the uterus, the abdominal muscles lend their assistance in expelling it; as when an ovum, a bunch of hydatids, or a polypus, are protruded through the cervix of the uterus. The abdominal muscles assist also in expelling the contents of the stomach, the intestines, and the bladder.

The diaphragm is apt to be affected in some diseases of the uterus, so that the patient becomes subject to hiccough.

The mind also sympathises with the uterus. This it does almost always when the stomach is affected by disease: but this is to be considered as one of the compound sympathies: for both in men and in women, when the digestive organs are disordered, the faculties of the mind are apt to be enervated; and occasionally to so great a degree, as to incapacitate the patient for attending to common business, or for enjoying the ordinary pleasures of life.

But besides this affection of the mind, induced through the medium of the stomach, many cases are found where the connection subsisting between the uterus and the brain appears to be more direct: as in furor uterinus, in puerperal convulsions, and in puerperal mania; in which latter case there is little of bodily disorder. This connection between the uterus and the sensorium may account for the greater number of instances of madness which occur in females than in males; it appearing that the number of women, compared with that of men, affected by madness in this country, is in the proportion of five of the former to four of the latter.*

The same author observes, "The natural processes of menstruation, parturition, and preparing nutriment for the infant, together with the diseases to which they are subject at these periods, and which are frequently remote causes of insanity, may perhaps serve to explain their greater disposition to

* See Haslam's Observations on Madness and Melancholy.

this malady." — "That the peculiar states of the uterus have frequently a share in producing madness, appears from the fact that between the years 1784 and 1794 eighty patients were admitted into Bethlem Hospital, whose disorders followed shortly the puerperal state. It is also to be remarked, that in this species of madness the secretion of the menstruous discharge is interrupted, but its regular flow generally precedes recovery; and that some cases are met with, when the madness is connected with the menstruation, and has lasted for years, in which, upon the cessation of the uterine discharge, the patient has completely recovered."

The inferences to be deduced from these facts are;—that the functions of the uterus being duly performed, the mind is very little apt to be affected; that a disordered state of the reasoning faculty is attended by an interruption to the performance of these functions*; that a parturient state

* Since the publication of the former editions of this work, the author has met with a mass of evidence con-

of the uterus is a frequent cause of madness ; and that, lastly, when the functions of the uterus are at an end, when it no longer secretes menstruous fluid, and when consequently it is no longer capable of being impregnated, the disposition to mental disease generally terminates.*

The mind sympathises with the uterus in different degrees ; from the case of the slightest hysterical affection, to absolute madness. Great despondency, dread of the future, ungrounded apprehension of some great misfortune, are to be looked upon as states of mind frequently originating in uterine disease. The last-mentioned

firmatory of this fact : a great number of these cases have been of very long duration, and relapses are of frequent occurrence.

* The author has kept no exact register of the number of patients whom he has seen labouring under puerperal mania : but his recollection furnishes him with nearly as many cases of this disease in single as in married women ; notwithstanding the proportion of single women who fall into labour, compared with those who are married, is very small.

mental symptoms seem most frequently to attend those cases in which there is a languor in the uterine system ; whereas the more violent kinds of mania are most prevalent where the uterine system is highly excited. This, however, is by no means universal : but the author's experience does not furnish him with a single case of violent madness connected with amenorrhœa, attended by debility ; whereas those accompanied with dread and melancholy are exceedingly common. These states of mind form by far the most distressing part of the disease ; and there are few patients who would not exchange their feelings for bodily suffering, if they could choose between them.

There is a sufficient evidence of a disordered state of mind, in many uterine affections, in the gestures of the patient, which are hurried ; the patient is almost constantly in motion. There is a restlessness of manner, a hesitation in her speech, sometimes a remarkable solicitude in her mode of interrogating the practitioner.

She prefers solitude to society ; although, when her mind is fully engaged in the latter, she becomes less restless and disturbed. In many instances an apprehension of becoming deranged, so as to require confinement, haunts the patient both in her waking and sleeping hours. Sometimes the patient entertains an ungrounded suspicion of every one around her, even of her nearest relations and dearest friends : and there are not wanting many examples of the termination of all these ills by self-destruction.

CHAPTER V.

*On certain Diseases attended by a Mucous
Discharge from the Vagina.*

SOME of these complaints consist of the displacement of parts ; as,

Procidentia Uteri.

Procidentia Vesicæ.

Procidentia Vaginæ.

Inversio Uteri.

PROCIDENTIA UTERI.

The nature of this disease may be understood from the name given to it: it has also been called ὑστεροπτωσις, Prolapsus Uteri, and Descensus Uteri; the latter term being used to express the minor degrees of the disease, the former that in which the uterus has fallen out of the body through the external parts. By women the disease is

called "a falling of the womb," or simply "a bearing down."

In the healthy unimpregnated state of these parts, the uterus is situated nearly in the centre of the cavity of the pelvis, the distance of the os uteri from the os externum being about four inches. The os uteri is not a continuation of the same line with the vagina, but it terminates in the vagina by projecting into it, the outer surface of this projection being covered by a portion of the inner membrane of the vagina tightly spread over it. In the generality of subjects, the distance from the opening of the os uteri to the part where the inner membrane of the vagina begins to be reflected over it may be nearly an inch. This distance will of course be increased in procidentia uteri, the angle of reflection being made nearer to the os externum.*

* In the most trifling case of procidentia uteri there must be some inversion of the vagina, and the degree depends upon the extent to which the procidentia uteri has proceeded. — "Nam in descensu quoque vagina tantum se invertat quantum uterus descendit." — Morgagni de Sedibus et Causis Morborum, Epist. xlv.

Every degree of procidentia uteri may be met with; from that case in which the os uteri descends a little lower than its natural situation, to that in which the uterus projects through the external parts, dragging with it the vagina, and forming a large tumour between the thighs of the woman, equal in size to a large melon. This will cause an alteration in the relative situation of the parts within the pelvis, and of the abdominal viscera, both regarding each other, and also the containing parts, as the parietes of the abdomen, and the bones of the pelvis. The bladder, instead of being contained in the pelvis, falls down into the external tumour, dragging with it the meatus urinarius; so that, in order to introduce a catheter into the bladder, the point of the instrument must be turned towards the knees of the woman: for, being placed in the usual manner in which that instrument is introduced, it will enter the passage, but cannot be made to pass into the bladder in that direction.

The rectum, instead of taking the sweep of the sacrum, first dips down into the

posterior part of the tumour, and afterwards ascends into the pelvis. The fallopian tubes and ovaria will of course be dragged down with the uterus, and the centre of the tumour will be filled up by the small intestines which hang down into it (the mesentery being stretched); whilst the omentum will occupy any vacant space which may be left.

Many months or even years may elapse whilst the uterus is making this descent: for when the uterus has descended so far that it can rest upon the perinæum, there it not unfrequently remains, resting upon it as upon a shelf, the violence of the symptoms abating; the parts which suspend the uterus above, although much lengthened, being no longer put upon the stretch. From this circumstance it should appear, that the greater number of the inconveniences attending this complaint depend less upon the pressure of the uterus in the vagina, than upon the dragging of the parts above.

The number and violence of the symptoms are by no means proportioned to the degree of the descent of the uterus: when it has descended but little, the round ligaments are put upon the stretch; and the symptoms also which depend upon sympathy attend the minor cases of the complaint.

When the tumour is external, much inconvenience is felt in consequence of the situation of it between the thighs, which obliges the patient to straddle, in order to prevent pressure upon it. The external surface of the tumour presents a nearly equal surface: as the uterus descends, the rugæ of the vagina are obliterated, except where the upper part of the tumour is joined to the body; and even here they are lost when the bladder contains much urine; but, in proportion as the latter cavity empties itself, the rugæ begin to form again.

When the tumour becomes very large, the skin of the labia is drawn down, so

that these parts are no longer distinct projections, but the tumour begins close to the upper part of the thighs, being there covered by the cuticle of the labia; the greater part of the tumour, however, is covered by the membrane which, under natural circumstances, lines the vagina.

The vagina, being exposed to the action of the air upon it, loses its florid colour, and acquires that of the skin of the body. It also loses its peculiar sexual irritability; not indeed becoming insensible to pressure, but its sensations being by no means so acute as they are in the natural state. The anterior part of the abdomen, instead of possessing its usual convexity, becomes flatter, from the viscera of the abdomen having left its cavity. When the uterus and its appendages only have fallen out of the external parts, but before the other viscera have fallen into the inverted vagina, the tumour has a lengthened form, which, taken together with its situation and the opening at the lower part, has made it sufficiently resemble the male organ to

impose upon the credulous; and such persons have been exhibited as hermaphrodites. The difference between this disease and the male organ is too obvious to be mistaken by any one who will pay attention to it. The long diameter of the opening of the urethra in the latter is from before to behind; whereas that of the os uteri in females is from side to side; and this alone is enough to mark the difference. After some time the breadth of the tumour increases, so that it becomes of a globular form. The situation of the viscera being thus changed, they become liable to pressure in a greater degree than when they maintained their natural situation in the cavity of the abdomen; and inflammation is sometimes the effect of this pressure. Coagulating lymph is in such cases thrown out, which unites the parts; and if either the omentum, or a portion of intestine, be thus connected with the lower part of the tumour, pain may and will be felt in those situations of the belly from which such parts proceed. In the young woman, from

whom one of the drawings was taken*, where the omentum adhered to the fundus of the uterus, pain was felt in the region of the stomach, and became a cause of great distress.

The immediate causes of this disease are :

1. Relaxation of the broad and round ligaments above.
2. A want of due tone in the vagina below.

By the first, the uterus is permitted to fall ; by the second, the uterus is allowed to be received into its cavity.

Whatever is capable of producing a lengthened state of the ligaments, or a relaxed state of the vagina, may become the occasional cause of the complaint.

Weakness of the system may be looked upon as a cause of this complaint ; and

* Vide Plate.

therefore after long diseases, which have diminished the strength of the patient, it is occasionally met with. Profuse hemorrhages taking place from any part of the body may act in the same way.

But the most common cause of procidentia uteri is the long continued erect posture of the body at an early period after delivery, and in some cases after abortion. To this cause the majority of the cases is to be attributed: for at this time not only the immediate causes of the disease are present, but the uterus weighs eight or ten times more than an unimpregnated uterus, and it is carried down by its own weight. The long confinement of a patient to a warm bed after delivery may be productive of considerable debility; but sitting up in the erect posture is still more injurious. The use of the chair is now very much laid aside, and the best practitioners direct their patients to remain in the recumbent posture upon a sofa, or on the outside of the bed: the advantages of a horizontal posture and coolness are thus combined. This posture should be

observed until the uterus has nearly regained its unimpregnated size, which will be between the third and fourth week after delivery, at which time it may be presumed that the ligaments and the vagina have acquired their former strength. In this place a question may arise: What becomes of women in the lower ranks of life, who have not the means of giving up this time to the recovery of their local strength? These women are liable to this complaint, and suffer from its effects very frequently. Because they are not generally found to complain, it is not to be supposed that they have not cause for complaint; nor, because they are not seen confined to a bed, is it to be thought that there is no necessity for confinement. They are often great sufferers; but they suffer in silence, and their humble station often precludes them from obtaining relief. Women liable to violent coughs during the time of their confinement after childbirth are especially the subjects of procidentia, from the pressure made by the abdominal viscera upon the uterus in the occasional strong action of

the diaphragm and the abdominal muscles, when the vagina can afford no resistance. Single women are not exempt from procidentia of the uterus: and it is a curious fact, that the complaint is less frequently cured than in those who are married.

SYMPTOMS.

These arise partly from the effects produced upon the circumjacent parts by the change in the situation of the uterus, and partly from sympathy.

It may be a matter of surprise, that a very trifling change in the situation of the uterus should produce those inconveniences which attend some of the cases of this disease; but this surprise will be lessened by the recollection, that, in other parts of the body, any derangement of the natural order or structure occasions much distress. A small tumour upon the inside of the eyelid will cause great pain, and produce a plentiful effusion of tears; a trifling obstruction in the lacrymal duct will be attended with

a constantly weeping eye ; a polypus of the nostrils will occasion suffocation, interfere with the power of smelling and swallowing, and produce a considerable discharge of mucus ; one tooth projecting beyond the rest will irritate the cheek, and sometimes render the speech inarticulate ; and a relaxed or elongated uvula will sometimes produce a permanent sensation of choking.

At the commencement of this ailment the woman complains of pain in the back, and this symptom sometimes continues for a great length of time without any other : pain is also felt in the groins, extending towards, and terminating in, the labia : there is a sense of fulness in the parts, and an increased discharge of transparent mucus from the vagina. As the disease proceeds, the pain in the back is described as the pain of dragging : the patient now has a sense of bearing down, or of weight ; feeling, as she expresses it, as if every thing was dropping through her. The discharge increases in quantity. The pain in the groins arises probably from the round ligaments.

being stretched, and that in the back perhaps from an elongation of the parts connecting the uterus with the parts behind. As soon as the erect posture is changed for the recumbent position, these symptoms go off.

Strangury, although not a constant attendant, sometimes is present, and annoys the patient until the procidentia is cured. — A lady, whose constitution was weak, and who had borne several children, was attacked by pain in the groins ; she had a discharge of mucus from the vagina, and was affected by a frequent desire to make water, voiding very little at each attempt. She had employed poppy fomentations and opium, and had taken some oily purgatives, without experiencing the least good effect. Upon further enquiry, it appeared that the pain in the groins left the patient at bed-time, and that at the same time the frequent inclination to make water went off. This led to an examination of the parts, by which a procidentia uteri was discovered. The whole plan of treatment was now changed. She used an astringent injection, took some cin-

chona with sulphuric acid, and confined herself to the sofa. By pursuing these means, the strangury and all the other symptoms left her as her strength was restored, without the use of any mechanical means.

The pain in the back which attends procidentia of the uterus should be distinguished from that which is met with in cases of separation of the joint between the os ilium and the os sacrum, after some cases of labour. It has been remarked, that the pain in the back arising from procidentia is greatest when the patient is erect, and that it subsides in the horizontal posture. In the case of separation of the joints alluded to, the patient has a great difficulty in standing, or perhaps cannot stand at all, is uneasy even in the recumbent posture, and incapable of moving in bed without great pain and difficulty.

Procidentia uteri and separation between the bones of the pelvis may exist together in the same patient, as is exemplified in the following case: —

A young lady was delivered of her first child after a very good labour, which was very well managed by a sensible practitioner. The child was large. Being considered well after her labour, she sat up, walked about early, and believed herself remarkably well. She soon, however, became subject to a pain in the back and groins, uneasiness in the region of the stomach, and her digestion was impaired. She was very hysterical, and never free from a mucous discharge from the vagina. By the use of a pessary and an astringent injection, and by the employment of some bitter tonic medicines, these symptoms diminished, and the sea-bath completed the cure. She fell with child again in a few months, and was delivered of twins. During and after this labour there was a considerable discharge of blood; but in other respects she was well. At the end of a fortnight she found herself incapable of standing, and all the symptoms returned as after her former labour. By the use of the means above mentioned, the fresh-water bath being used (from necessity) instead of the sea-

bath, the symptoms all left her, excepting the pain in the back, and the incapability of standing for half a minute unless supported on each side. Whenever she made the attempt to stand, she placed her hands upon the sides of her hips. This led the author to make a firm pressure there with his own hands; and as long as this was firmly applied the patient could stand, but as soon as this support was withdrawn she was in danger of falling. Upon this information being gained, a leathern belt was made, of about the breadth of an inch and a half, or somewhat more, which was applied round the pelvis as tight as it could be borne without producing pain. The comfort arising from this belt was felt immediately; and by the permanent use of the bandage the complaint was cured, but some time elapsed before she completely recovered.*

* Since the publication of the first edition of this work, the author has met with many similar cases, in which the true character of the disease being ascertained, the patient has recovered: but the progress of such cases towards health is always exceedingly slow.

In procidentia uteri, the symptoms arising from the sympathy between the stomach and the uterus are very distressing. The appetite becomes irregular, or is totally lost; the stomach and bowels lose their tone, and there is a great sense of distention in the belly arising from air, which may be heard when moving from one part to another; the spirits flag; every employment becomes irksome, and life itself is considered as scarcely desirable: there are, however, a variety of shades in the degree of this sympathy. The diaphragm is sometimes affected by spasm, and hiccough is produced.

The quantity of the discharge from the vagina varies; in some cases being very profuse, in others slight. The appetite being diminished, the digestion impaired, and the secretion from the parts being greatly increased, considerable weakness of the system is produced; and the vessels of the uterus, partaking of the general debility of the frame, permit blood as well as menstruous fluid to escape from their

cavities: so that the patient may at the same moment labour under two diseases, one being the effect of the other; viz. menorrhagia and procidentia uteri; the former not admitting of relief by the usual means, unless attention be paid to the latter.

When the uterus has fallen out of the body, so as to become an external tumour covered by the vagina, the surface of the tumour (*i. e.* the membrane of the vagina) ceases to secrete, although it did so in very considerable quantity whilst the tumour was contained within the os externum. This circumstance will account for a fact observable in the disease, viz. that those cases of descent of the uterus in which the tumour is not external are attended with a much greater degree of bodily weakness than when the tumour is external; in which latter case, all that strength is saved to the woman which would have been expended if the tumour had continued in the body. But if the parts are returned to their natural situation, if that which is the covering of

an external tumour is reconverted into the lining of an internal cavity, the mucous membrane of the vagina begins again immediately to resume its functions.*

It seldom happens that the vagina remains long exposed to the action of the air without ulceration taking place upon its surface. This ulceration does not attack the whole of the exposed surface at once: small spots or patches inflame and ulcerate, and these sometimes run into each other, but the whole surface is seldom covered by them. The ulcerations are generally not deep, and they have the appearance of healthy sores, which readily heal upon the replacement of the prolapsed parts.

Whenever ulcerations are met with, the os uteri seldom escapes being attacked by one of them.

* This the author has frequently had an opportunity of demonstrating to some of the pupils attending his lectures, in the person of a poor woman labouring under an external prolapsus, who occasionally came to the lecture-room.

Slight degrees of procidentia uteri can only be ascertained by great attention to the state of the parts, together with a knowledge of the common size and length of that part of the uterus which hangs down into the vagina.

There is, then, in this disease a tumour, either in the vagina, or hanging out of the external parts. But every tumour in these parts is not a prolapsed uterus. The mark which always characterises procidentia of the uterus, is the existence of the os uteri at the lower part of the tumour. This being wanting, the disease is proved not to be procidentia uteri.

If a woman labouring under this complaint observes a horizontal posture, she experiences none of the symptoms so long as this posture is continued, but they return in the erect position; the cause of which is, that in the recumbent posture the uterus does not fall into the vagina, and therefore the parts above are no longer stretched, nor those below distended. Any examin-

ation made only whilst the patient is lying down, will, for this reason, give little information to the practitioner. She should be examined in the erect attitude also. If the disease is procidentia, the uterus is not only made to fall lower, but the degree of the disease is also ascertained.

CHAPTER VI.

Treatment of Procidentia Uteri.

IF nothing were done in the way of treatment for a patient labouring under this disease, she would become much distressed by all the symptoms which have been described: she might die from weakness, induced by the large discharges and the disordered state of the stomach; or she might die from inflammation taking place in the parts contained in the inverted vagina, which are more liable to pressure than when in their usual place, the cavity of the pelvis and abdomen. This really occurred in the young woman who died of an external procidentia in the workhouse at Kensington, and whose body was inspected by Dr. Henry Thomson and the author: coagulating lymph was thrown out, and the contents of the tumour were cemented together by means of it. There

was also, as is usual in cases of peritonæal inflammation, a considerable quantity of serous fluid in the cavity of the abdomen. Such fatal terminations are uncommon; it much more frequently happens, that the patient drags on an uncomfortable life for a number of years, till she is destroyed by accident, or by some other disease.

Few cases admit of relief more readily than procidentia uteri in the early stages of the complaint; and the remedies should be applied as soon as the disease is discovered, as the size of the support which is to sustain the uterus must be in proportion to the degree of dilatation of the vagina. If a woman having this disease should again become pregnant, and will consent, after her labour, to a confinement for some weeks in a horizontal posture, the parts may regain their tone, so as to render any artificial assistance unnecessary: but, as the woman may not again be pregnant, and as, if she should, her patience may not hold out during the length of time necessary for the natural

cure of the disease, the next subject of enquiry will be into the mode by which the complaint may be cured by art.

It has been already remarked, that in this complaint the vagina and the ligaments which suspend the uterus have their tone diminished or destroyed, in consequence of which the uterus has fallen lower than its natural situation. From this view of the case, the curative intentions appear to be, to increase the strength of the parts which are weak, and to afford a support to the tumour, the descent of which produces the symptoms. In every case, these two objects are never to be lost sight of; but, as in many cases the powers of the constitution are weakened, and as we can give strength to particular parts by adding to that of the whole, those means usually employed to strengthen the constitution are not to be neglected.

The tone of the weakened parts is to be restored —

1. By the application of cold.
2. By the application of astringents.

Cold applied to the surface of the body produces an increase of the tone of the body, or increases the permanent contraction of the moving fibres. Thus, after the immersion of the body in the cold bath, the muscles will be found firmer and harder, and will adapt themselves more closely to the parts which they cover; the scrotum, although before relaxed, becomes shorter in consequence of the increased tone of the muscular fibres, and the skin is consequently thrown into folds or rugæ. Cold produces also the temporary contraction of muscular fibres. Applied suddenly to the body previously heated, it is known to produce contraction of the bladder, as may be instanced in people who come out of hot rooms and theatres; and this happens before the bladder is much distended: so that it is not the mere distention of the bladder which produces this effect, but simply the application of cold to the surface of the body.

Cold produces contraction of parts in the immediate neighbourhood of its application in a greater degree than in those at a distance. If the hand of a man be dipped in cold water, it will shrink in size, the skin of it will become paler, and the vessels which ramify near the surface will be diminished in diameter, so as perhaps to be no longer visible, whilst the other hand will undergo no change. The application of cold to the outside of the head of a patient labouring under the effects of pressure upon the brain, will diminish these effects by taking off the pressure; and that it does so actually, is demonstrated by the vessels of the tunica conjunctiva becoming smaller in size, the face paler, and the pupil capable of contraction.

But the application of cold to a small part of the body, and this too at a distance, will sometimes cause a temporary strong action of parts, particularly of internal cavities: the immersion of the hands in cold water may occasion contraction of the bladder, and the expulsion of its contents.

The application of ice to the neighbourhood of the uterus, *i. e.* to the back or belly, is useful in uterine hemorrhage, by producing the contraction of the uterus itself; and the size of the uterus may be felt to diminish under the hand; whereas the application of ice to a surface equally large at a distance, will not produce this effect at all, or not in the same degree.

Whatever produces an increased determination of blood to any part of the body, will occasion an increase of secretion from the neighbourhood of that part. If the surface of the body is kept warm, the skin becomes red, and the quantity of the perspiration is increased. If a larger quantity of blood is sent to the salivary glands by the exhibition of mercury, salivation in greater quantity follows: and innumerable other instances might be brought, demonstrating the same fact.

On the other hand, whatever diminishes the flow of blood to any part of the body will produce a diminution of the secretion

from the neighbourhood of that part. If the skin of the body is kept cold, the surface becomes pale, and a check is given to the perspiration : if the breasts of a woman are kept cool, the quantity of milk will be greatly diminished.

Of the knowledge of these facts the practitioner is to avail himself in the treatment of the disease under consideration. It is desirable to increase the tone of the vagina, and so, by diminishing its diameter, to prevent the descent of the uterus. It is also important to lessen the quantity of the mucus secreted : 1st, because it becomes a cause of weakness ; and, 2dly, because the passage of a warm gelatinous fluid over the parts will relax them still more.

The canal of the vagina is surrounded by a number of muscular fibres, capable of being made to contract by some applications, or to relax by others, subject to the same laws by which muscular fibres in other parts are governed. When these muscular fibres contract with force, the

rugæ of the vagina are greatly increased in number; when their tone is diminished or lost, the rugæ of the vagina are diminished in number. If the vagina of a woman in perfect health and vigour be examined, the internal surface of it will be corrugated strongly; but the reverse will happen in proportion as the woman becomes weak; and therefore in some cases of extreme debility the vagina will be so much relaxed as readily to admit the whole hand, the rugæ will be obliterated, the surface of the vagina will present no inequalities, but be perfectly smooth.

Cold substances applied to the vagina, or to the parts in the neighbourhood, will produce a contraction of the muscular fibres which surround it, a corrugation of the internal membrane, and a diminution of the diameter of the canal itself.

Cold applied to the vagina will produce contraction of the blood-vessels which are in its neighbourhood, and the secretion

from it will be diminished. Women subject to a mucous discharge from the vagina are sometimes inclined to employ some addition of clothing, so as to absorb it, and to keep their persons comfortable ; although they remark at the same time, that, if they have not recourse to such additional clothing, the quantity of the discharge is diminished. The explanation of this is, that the action of the parts is increased by the addition of whatever tends to retain their heat.

Moreover : It is to be observed, that cold not only produces a diminution of secretion, by causing an increased contraction of the blood-vessels, but also by throwing the vagina into folds ; for, in this state of the parts, the blood-vessels which supply the lacunæ must run in a more tortuous direction, and a resistance must be offered in a greater degree to the flow of blood through them ; and this is perhaps the reason why it will generally be found, that the quantity of the secretion from the membrane of the

vagina will be proportionate to the number of rugæ within it, as was remarked in describing the discharges from these parts.

In procidentia uteri, cold water ought to be applied to the female parts, to the belly, and to the back, by means of a sponge, three or four times a day; and the water for this purpose should be used as soon as it has been drawn from the spring. The water may be rendered still colder by the addition of some matter which is passing from a solid to a fluid state, as ice or salt. Cold water may also be thrown into the vagina by means of a syringe, or a piece of ice may be introduced into the vagina, and suffered to dissolve there. In very slight cases of the disease, when the symptoms are just beginning, and when they are known to proceed from the causes which have been mentioned, they will be removed by attention to these rules, assisted by the horizontal posture. Whenever it is found necessary to inject fluids into the vagina, and important that they should remain there for any time, the operation should be

performed when the woman is in a recumbent position ; and if a pillow is previously placed under the hips, in order to raise them a little, the fluid will be less likely to escape.

The syringe to be employed should be capable of holding as much fluid as will fill the vagina ; it should be furnished with a curved pipe, and the piston should play readily in the cylinder : this is a very material point, as the following case will prove.

A lady, whilst throwing some injection into the vagina, found that great force was necessary to make the fluid pass, and she incautiously applied it. Instead of pushing the piston lower in the cylinder, she pushed the point of the pipe violently against the anterior parts. Inflammation of the bladder came on, which extended to the peritonæum, and spread over great part of it ; symptoms of the most alarming kind came on, and it was only by frequent bleedings, the use of diaphoretics, and a

long confinement, that the disease was subdued,

There are two great defects in the construction of many of the syringes made for female use : one is, that they have one large hole, or so great a number of holes at the extremity, that the fluid passes out too quickly. The other defect is in the situation of those holes, which are frequently placed at the sides as well as at the point of the instrument, so that the fluid escapes at the lateral holes, and little or none reaches the upper part of the vagina. But if the holes are all placed at the extremity of the pipe, the injection will be thrown to the upper part of the vagina, and will be sure of returning by the sides.

In by far the greater number of cases, the vagina will be found too much relaxed to have its tone restored by cold alone, and it will require the additional aid of astringents. Astringent substances, applied to an animal solid, increase the force of the cohesion between the parts of it, or render it firmer.

The same substances applied to the living fibre increase its power of contraction, and thus a shortening of the fibre is produced. On these accounts they become very valuable applications in many cases of disease depending upon a laxity of muscular fibres. They often become the cause of the restriction of hemorrhage from small vessels, by producing a diminution of the size of their cavities. Stimulants will produce the same effect ; but they are by no means so safe or so efficacious.

In procidentia of the uterus, astringent applications to the vagina become very serviceable, by diminishing its diameter, and thus rendering it less disposed to receive the displaced uterus ; and also by restraining the mucous discharge.

The mineral and vegetable kingdoms furnish a number of astringent substances, differing from each other much in power ; and certainly not all equally applicable to every case.

Sulphate of zinc. — This substance is more useful in cases of relaxation of the orifices of mucous glands, than where tone is required to be given to muscular fibres, as in the case of procidentia: for, in order to produce this latter effect, a very strong solution of it must be employed, and this will be apt to irritate the membrane of the vagina: — few persons can continue to apply it long on this account.

The same observations apply to the compound of silver and nitric acid, and of copper and sulphuric acid.

The superacetate of lead does not possess any power of contracting the vagina; and few cases of this disease will be benefited by its use, unless where inflammation has attacked the vagina. The author has met with some instances in which preparations of lead have increased the complaint.

Solutions of alum will be found to be a powerful remedy; and even when very strong, they are little apt to irritate the

mucous membrane. It has been the custom, from the earliest ages of medicine, to make a combination of those medicines which fulfil the same intentions ; and experience confirms the propriety of the practice. It may reasonably be supposed, that a part not liable to be acted upon by one substance, may be acted upon by another of the same class : thus one patient will be purged by senna, another by jalap, and another by salts, and either of them may be more active with one patient than the other two ; but a more certain effect will be produced by a combination of all these medicines than by any of them singly, or even by two of them.

This fact is not confined to medicines intended for internal use, since we find that an indolent ulcer will sometimes be more benefited by one stimulating application than by another, and that a combination of stimulating substances will sometimes agree better than any one applied singly.

A mixture of alum and sulphate of zinc,

in such proportions as the nature of the case may seem to require, will sometimes fulfil the intentions of the practitioner better than either employed alone ; and so of all the other mineral astringents which have been in use. The varieties in the shades of disease require a variety in the remedies employed ; and the selection and combination of medicines must be left to the skill and the judgment of the practitioner, who must accommodate his measures to the peculiarities of each case ; and who, if he expects to find all cases alike, will be much disappointed when he is called upon to treat them. In the last Pharmacopœia published by the London College of Physicians, there is a formula for a solution of sulphate of zinc and alum, under the title of *Liquor Aluminis Compositus* * ; which, however, will require to be diluted with

* *Liquor Aluminis Compositus.*

R Aluminis,

Zinci sulphatis, singulorum unciam dimidiam ;

Aquæ ferventis octarios duos :

Alumen et zinci sulphatem in aquâ simul liqua ; dein per chartam cola.

different proportions of water, so as to adapt it to different cases, because the irritability of the mucous membrane of the vagina varies in different women, as well as in the same woman at different periods of time. This may make it necessary to begin with the application of weak astringents, and to increase their strength gradually.

Amongst the vegetable astringents applicable to the case under consideration, may be reckoned *Thea viridis*, *Petala Rosæ rubræ*, *Cortex Quercûs*, *Cortex Granati*, *Gallæ*.

The two former do not possess the same degree of astringency as the last-mentioned substances. The three last possess a great degree of astringency. They give out their astringent properties to water more readily by boiling than by infusion, and therefore the decoctions of them are to be preferred: they may be used alone, or some of the mineral astringents may be dissolved in them. By these means are procured astringent fluids of such strength,

that the vagina may be so much contracted as even to render the introduction of the pipe of the female syringe difficult.

Astringent injections should be thrown into the parts twice or three times a day, or oftener; and they should be used cold.

When ulceration has attacked the vagina in consequence of exposure to air and pressure, a small quantity of some warm ointment may be applied to the parts affected by it, such as the following:

R Balsam: Peruvian: ʒij.

Ung. Cetacei ʒj. M.

In addition to the good effects produced upon the parts by the local application of astringents, the views of the practitioner may be forwarded by exhibiting tonics internally. Substances of this kind applied to the stomach have the effect of increasing the force of the contraction of parts at a distance, and therefore will prove useful in many cases of this disease. From the numerous class of bitter tonics may be

selected, according to the judgment of the practitioner, one or more which may be exhibited, such as gentiana, columba, quassia, anthemis, humulus; and the combination of two or more of these proves more useful than one only, and is besides more grateful to the stomach.*

* “ Bitter medicines which tend to strengthen the system, as far as my experience has gone, sit easier on the stomach, and tend more to strengthen the system, when mixed together, than when any one of them is employed singly.” — See a paper, by the late Dr. George Fordyce, in the second volume of the Transactions of a Society for the improvement of Medical and Chirurgical Knowledge.

The same observation had been made above a century before by the experienced Sydenham. Speaking of medicines for strengthening the stomach, he says: — “ Eorum species aliquot affabrè permistæ humoribus concoquendis rectiùs, ut mihi videtur, quam simplex quodlibet ex eorum tribu desumptum. Quamlibet enim quoties specificâ medicamenti cujuslibet virtute opus est nobis, regula tenet, Quo simplicius, eo melius: — Tamen cum id habemus propositi ut huic illive indicationi satisfaciendo ægrum sanemus, singula ingredientia symbolum pro morbo curando quasi conferunt. Atque in hoc casu, quanto major est simplicium numerus, tanto potentiùs medicamentum operabitur. — E prædictis itaque, et reliquâ ejusdem farinæ materiâ medicâ, variæ remediorum formulæ ad hunc scopum tendentes concinnari possunt.”

A combination of a bitter and an astringent may be more useful than a bitter medicine given alone. The sulphuric acid may be exhibited in any of the bitter infusions ; but as the cinchona contains both of these principles in a great degree, it is perhaps to be preferred to any other medicine : this, too, may be advantageously combined with the sulphuric acid.

It has been before remarked, that the stomach sympathises with the uterus in this complaint ; that all its functions will sometimes be impaired, and its tone greatly diminished. In cases where both the stomach and the general system are weakened, but in which the stomach has more than its proportion of weakness, the simple bitters will be found better fitted to the purpose of giving strength than the combinations of bitters and powerful astringents : it may, indeed, be judicious to combine these medicines with stimulants, in order to excite the stomach quickly to a more vigorous action. The spicy barks, the aromatic seeds, and volatile alkali will be found well adapted to this purpose.

In all complaints it is highly important to have a well-regulated state of the stomach and bowels, but in none more than in this; for the two extremes of diarrhoea and costiveness will greatly retard the progress of the cure. The straining attendant upon tenesmus will act upon the uterus; and the endeavour to expel a costive stool has frequently displaced a pessary. The purgatives adapted to this case are those which increase the peristaltic motion of the intestines; such as rhubarb or senna, to which some aromatic water or essential oil may be added, or a drachm or two of the compound tincture of rhubarb may be added to each dose of the bitter medicine.

Oily purgatives are apt to offend the stomach; those of a saline nature diminish the strength of the system, by lessening the quantity of circulating blood: and the resinous class of purgatives stimulate the lower part of the intestinal canal, and thereby increase the action of the vessels of the neighbouring parts. All these, therefore, are improper.

Mention has been already made of the application of cold to the parts concerned; but it yet remains to be stated, that the cold-bath is a valuable auxiliary in the cure of the disease. It increases the strength of the muscular fibres throughout the whole body, and greatly invigorates the system: but the same observation which was made respecting other tonics is no less applicable to cold-bathing; namely, that when the stomach is weakened more than any other part of the frame, the use of it will be detrimental to the patient. In like manner, when a patient labours under any inflammatory affection of the chest, the cold-bath should not be recommended on any account; although it should appear probable that the employment of it might be beneficial in the other complaints under which the patient labours.

Women whose strength has been much exhausted should employ this remedy less frequently than those who are not so much debilitated, beginning with it twice a week only, and at length using it daily. There certainly is a difference between the effects of

bathing in fresh, and in salt water in many complaints. It is also observable in this. Women who have used the fresh-water bath with little or no advantage, have derived great benefit from sea-bathing; but as the situation in life or the convenience of every person does not admit of a journey to the sea, it may not be amiss to mention a plan which the author has found in some measure to compensate for the want of a sea-bath. It is observed by persons who have used both salt and fresh-water bathing, that after the former a glow diffuses itself all over the body, which glow is not felt after the latter. The shock applied to the constitution increases the strength of the action of the heart, and the stimulus of the salt upon the skin invites the blood to the surface. Let two pounds of salt be dissolved in a gallon of water; let some coarse towels be immersed in this water, and afterwards wrung out and dried. After bathing, let the patient be dried with these towels, using some friction at the same time. In this way a degree of warmth will be given to the body, which will be both useful and

agreeable to the patient. A solution of sea salt in water, employed as a shower-bath, is a good substitute for bathing in the sea.

In every case of procidentia much may be done by posture: the patient should lie as much as possible upon a bed or upon a sofa; and a mattress, presenting a flatter surface, and being less likely to debilitate, is preferable to a bed of down or feathers. The rooms which the patient inhabits should be kept cool.

Great care should be taken to guard against every thing which may produce strong action of the abdominal muscles; which, by pressing upon the parts contained in the abdomen or pelvis, may prolong the disease: besides, if a pessary is employed, it may be expelled or displaced by these efforts.

The diet of the patient should be nutritious, and a moderate quantity of wine may be allowed; but the stomach and intestines should never be loaded, lest the

weight in the pelvis should keep up the complaint. The bladder should never be suffered to contain a large quantity of urine, for the same reason.

All flatulent food, all the wines of this country (amongst which beer is included), should be avoided, as being liable to undergo another fermentation in the stomach, and to inconvenience the patient by flatulency.

CHAPTER VII.

On the Mode of supporting the Uterus.

DIFFERENT modes have been employed, at various times, of supporting the weight of the uterus. Some of these possess advantages over the rest. The support intended for this purpose is called a pessary. Those in common use have been made of wax, cork, cork covered with wax, sponge, and wood. All the above-mentioned substances, except the last, are liable to some objections.

Wax being soft, and readily formed into any shape which may be required, would seem to be a very good material for a pessary; but in the heat of the body its shape becomes altered, and it no longer bears upon the parts on which it was intended that it should rest.

Cork, although from its lightness it seems well adapted for the purposes of a pessary,

is objectionable, from being porous and liable to imbibe the moisture of the parts; from which circumstance it becomes offensive and irritating.

Pessaries have been made of cork covered with wax; but they soon lose the wax, which either becomes soft and is rubbed off, or it peels off in flakes.

Sponge is the worst material which can be employed for pessaries; it is porous, and will very quickly imbibe the moisture of the parts. The piece of sponge must be large, compared with the size of the vagina, or it will be useless; and if it is large, the vagina (the dilated state of which was one of the causes of the disease) will be still farther dilated: and although, whilst the sponge is worn, the uterus will rest upon it, and the symptoms may be relieved; yet, when it is removed, the disease will return in an increased degree. It is a matter of surprise how such a substance could have been recommended for the purpose of curing the disease; since in fistulous sores,

where the object of a surgeon is to increase the size of the opening by dilatation, this substance has been selected for the purpose.

A good pessary should combine firmness, lightness, and closeness of texture : — firmness, that it may not yield to pressure ; lightness, that it may not incommode by weight ; and closeness of texture, that it may not imbibe the secretions of the vagina.

Those made of box wood possess all these advantages ; and this wood, not being scarce, can be easily procured.

Pessaries are made of various shapes as well as of different materials, adapted to different cases and circumstances. For the majority of cases, a circular or an oval pessary answers sufficiently well ; but the circular pessary can only be safely used in those cases where the disease has not made great progress, and where the tone of the vagina is not much impaired : if the canal of the vagina has been much dilated,

no pessary of a small size can be sustained in it ; and one of a larger size, of a circular form, might do mischief, by compressing the meatus urinarius and rectum, and so preventing the discharge of the fæces and urine.

It will seldom be safe to introduce a circular pessary the diameter of which exceeds two inches and a half: below this size there can be no impropriety in using it ; for it is certainly less liable to be displaced than the oval pessary. The efficacy of a pessary depends upon the nice adaptation of its size to the state of the parts: the practitioner ought therefore particularly to attend to this. It should be large enough to keep the situation in which it is placed, else it will slip away ; but it should not be so large as to distress the woman, or to injure the parts by its pressure.

If, after the first introduction of the instrument, it should be found that it is not adapted to the state and size of the parts, its size or form should be changed.

No instrument of this kind should measure in thickness, at its external edge, less than one third of an inch, lest it should injure the parts by its edge: it should become gradually thinner as it approaches the centre, in which there should be an oval opening large enough to hold the end of the forefinger of the surgeon, in order to enable him to place the instrument. A number of holes may be pierced through the instrument in different parts, by means of which it is rendered much lighter, and the secretions from the upper part of the vagina, as well menstruous as mucous, can more readily pass through it. — Whatever may be the shape of the instrument employed as a support, it should be removed occasionally for the purpose of cleaning it, lest the secretions of the part should attach themselves to it, and by retention become acrimonious and irritating. Occasionally also the pessary should be changed for one of a smaller size. In consequence of omitting to withdraw the pessary, the surface of it has sometimes become coated with gritty matter, which has brought on

irritation, inflammation, and ulceration of the neighbouring parts. Instances too have occurred, where parts of the instrument have been destroyed by a spontaneous change taking place in it, and angular portions of it have been left, which have produced similar bad effects.

A lady, seventy-five years of age, who had borne children, came under the care of the author, on account of considerable pain in the vagina, attended by a very offensive discharge: the pain was constant, and was compared to that produced by a sharp instrument. Thirty-five years before, she had a prolapsus uteri, for which a pessary had been introduced, and which had never been removed. The author, having reason to fear that some diseased structure existed, examined the patient, and found that the pessary had lost its original form, being corroded in several places, and that many irregular portions of it were left, which pressed upon the vagina, and had produced ulceration of its internal surface. This lady having, as she said, suffered exceedingly in

the introduction of the instrument (because perhaps it was incautiously performed), would not consent to its removal, particularly after some of her symptoms had been relieved by fomentations and injections.*

A pessary of an oval form is best adapted to those cases in which the tone of the vagina is so very much diminished as to make a large support necessary; because in this case the oval pessary rests by its two extremities upon the sides of the vagina; but lying with its long diameter applied to the short diameter of the lower aperture of the female pelvis, it neither interferes with the rectum, nor with the urinary passage.

* The late Dr. Clarke related to the author a case of a woman advanced in life, who on account of similar symptoms had been examined by another practitioner, who found what he considered to be a scirrhus tumour surrounding the os uteri. Dr. Clarke found that the supposed scirrhus tumour was a cork pessary, introduced many years before, and rendered very rough by calculous matter deposited on its surface. It was withdrawn, and all the symptoms subsided in the course of a week.

If the case should require it, an oval pessary may be used, of a size so large that it may measure three inches and three quarters in its long diameter, without any injury to the parts : and a case will scarcely occur, where the perinæum is not injured, and where the uterus has not descended out of the external parts, in which a pessary of this kind will not afford a sufficient support. There is, however, an objection to the use of this instrument ; which is, that it is more likely to be displaced in the sexual intercourse than a circular pessary. It may be here remarked, that if the patient has not passed the child-bearing age, such intercourse should not be prohibited ; for if the woman should become pregnant, the disease will be naturally cured after the fourth month, by the ascent of the uterus into the cavity of the abdomen.

*Mode of introducing the circular or oval
Pessary.*

The woman should be placed upon her left side, close to the edge of a bed, and

her knees should be drawn up towards the abdomen: the practitioner is then (having previously examined the size of the vagina) to select a pessary, according to his judgment, of a proper size. This instrument is then to be covered with some simple unctuous matter; and if its form is circular, it is to be placed between the labia, so that one edge will be turned towards the os pubis, and the other towards the rectum: it is then to be moved in a circular direction on its own axis, pressing it at the same time towards the perinæum, till it has fairly entered the vagina. As the instrument passes the edge of the external parts, some little uneasiness is always felt by the woman; but this ceases as soon as it has reached the vagina, to the upper part of which it is to be carried; and it is to be so placed that the uterus may rest upon one of the broad surfaces of it. The instrument is now to be left in the vagina, and a syringe full of some cold astringent injection should be thrown into the parts, to give tone and contraction to the dilated os externum; as in cases where the vagina

is very much relaxed, it may make a smaller pessary answer the purpose of support than would be required if no such means were resorted to. Whatever may be the shape of the pessary introduced, the woman should continue for some minutes in the recumbent posture.

An oval pessary requires great care in the mode of introduction ; and it is either a very good or a very bad instrument, according as it is well or ill applied. In the choice of it, the present size of the vagina is to be first considered, with the diameter of which the long diameter of the instrument should correspond. The extremities of the instrument should not be too acutely pointed lest they should injure the parts. An oval pessary with acute ends is also more liable to be displaced.

The instrument being covered with some unctuous substance, one end of it is to be placed between the labia, the short diameter running from before to behind ; and in this direction it is to be carried up into

the vagina. The practitioner is then to insert the point of his fore-finger into the opening in the centre of the instrument, and to place it across the vagina, so that the extremities may be turned towards the spinous processes of the os ischium. If the direction of the opening in the pessary is made to correspond with that of the long diameter of the instrument itself, this will be easily accomplished. The pessary is now to be passed as high into the vagina as it can be without giving pain, and to be left there.

Procidentia uteri sometimes occurs in women whose perinæum has been lacerated to a great extent in labour: in such a case, neither the circular nor the oval pessary can be retained; but the sacrosciatic ligaments and the os coccygis will sufficiently contract the lower aperture of the pelvis to enable a globular pessary to be retained. This pessary, pressing equally in all directions, is very conveniently borne; and it may be used in widows who have lost the catamenia, with great advantage. The size

of the instrument being adapted to the capacity of the parts, its surface is to be covered with unctuous matter, and it is to be placed between the labia; by a gentle pressure it is to be carried into the vagina, giving a degree of rotatory motion to it as it passes along, which greatly facilitates the introduction.

A form of instrument has been made for these cases with a stalk, to enable the woman to secure the instrument in the parts; but this stalk is very apt to irritate the labia: and the author has hardly known a case in which it could be employed with advantage.

Hippocrates, in the second book *περί Γυναικειῶν*, describes exceedingly well some cases of procidentia uteri. Amongst the causes of the disease, he mentions fatigue after delivery, carrying heavy burdens, fright, cutting wood, or being connected *τῷ ἀνδρὶ ἐν τῇ λοκίῃ καθαρσεί*. Speaking of the treatment of the disease, he recommends

the application of cold water and astringents to the parts, the moderate use of food and drinks, a posture of body in which the feet are to be placed higher than the head : and, as a means of supporting the uterus, he desires that a globular pessary should be worn ; and perhaps a better one could not be suggested, — very light, and possessing astringent power — a pomegranate steeped in wine. This (he directs) is to be chosen of a fit size, and to be carried into the parts, so that it may not come away, but remain.*

In those degrees of this disease where the uterus quits the cavity of the pelvis and falls out of the body, forming occasionally a tumour between the thighs of the woman, it is obvious that the parts must be returned to their natural situation before any support

* Των ροιων δια του ομφαλου τρησαντα μεσου, εν οινω χλιηναντα, ἥτις εναρμोजη μαλιστα, ει μη τι κωλυει, προστιθει ὡς εσωτατω, ειτ' αναδηςαι ταινιη πλατειη και αναλαβειν, ὡς μη ολισθανοι αλλα μενοι. — Ἱπποκρ. περι Γυναικειων, lib. ii. cap. 41.

can be applied with much advantage. How far it may be prudent to attempt this reduction, and what degree of force it may be justifiable to employ for the purpose, must depend upon many circumstances, into which enquiry should be made.

Particular care should be taken to ascertain whether inflammation has at any time attacked the internal parts of the tumour; because if this should have happened, and if the parts should be connected with each other by coagulating lymph, the force necessary to accomplish the return of the tumour may separate the adhesions, or tear the parts with which they are connected; and the life of the patient may be brought into imminent hazard. Whenever therefore acute pain, which has been lasting, has occurred in the tumour, particularly when this has been accompanied by other marks of peritonæal inflammation, such as thirst, white tongue, small quick pulse, tenderness of the abdomen, and vomiting, no attempt should be made to replace the uterus within the body. So also, when the attempt is

attended with great pain, all efforts to return the parts should be abandoned. Bands of organised coagulating lymph may compress some parts of the intestinal canal when the tumour has been reduced, and the patient may be exposed to all the hazard of a strangulated hernia.

If it is determined that the tumour should be returned, great caution is necessary ; for when the parts have been long displaced, and the centre of the tumour is filled by the intestines, omentum, &c., the operation may be difficult, if not impossible. The vagina, when dragged down by the uterus, sometimes undergoes such a degree of distension, that its diameter will be greater than that of the pelvis itself. In the case of Watkins, who died in Kensington workhouse, the tumour measured more than fifteen inches in circumference, and its length was six inches and a half.

As the size of the tumour will be much increased by the distended state of the bladder and rectum, these cavities should be

previously emptied. The body of the patient should then be so placed that the pelvis may be much higher than the head: this will prevent the weight of the abdominal viscera from interfering with the return of the parts. The patient being now directed not to strain, or in any way to act with her abdominal muscles, the practitioner is to apply his fingers and thumb to the lower part of the tumour, where the os uteri is situated, and by a gentle pressure this is to be carried up into the centre of the tumour itself. This done, the same pressure is to be continued, and the parts are to be returned into their proper place in the pelvis. A pessary is then to be introduced into the vagina, and the patient should continue to lie upon an inclined plane, with the hips elevated, for several hours.

In almost all the cases in which the degree of the disease is so considerable, every pessary which can be introduced will be forced away by the slightest efforts of the woman: even the globular pessary (which is the best) will not be retained, neither can

it be kept in the vagina by any common bandage. But by the following contrivance the globular pessary may be kept in the vagina. In the first place, a pessary is to be chosen of the size which the case requires, and a small slip of brass is to be attached to it by its two ends, leaving a space between the instrument and the centre of this piece of brass: a belt of leather, long enough to go round the patient's body, is also to be prepared; to the centre of which behind, a brass wire, as thick as a common quill, is to be attached by a screw. This wire is now to be properly bent; and the pessary being introduced into the vagina, the wire is to be passed between the pessary and the piece of brass attached to it; and being brought up between the thighs, it is to be attached to the fore-part of the circular strap. The reduced parts are by this means supported by a pessary, and this is kept in its place by the unyielding piece of metal.

By this contrivance, a disease of a most distressing nature may be relieved, and the

patient's situation changed from a state of the greatest distress to one of comparative comfort.

Before this history of procidentia uteri is closed, it will be right to observe, that cases of this disease are sometimes produced by the pressure of tumours of various kinds upon the uterus, and also by tumours of the uterus itself, which by their weight displace it. The symptoms in such cases will be of a compound nature, arising partly from the tumour, and partly from the altered situation of the uterus. Great circumspection is here required ; and it should be well considered, whether it is advisable to recommend to the patient to bear the inconvenience arising from the two diseases, or to have recourse to a support.

Wherever there is reason to believe that the tumour is of a character likely to assume an active form, it will be prudent to do nothing which can possibly add to the disorder, but to advise the patient to submit to her present complaints, rather than to

incur the hazard of aggravating them by experiments intended to relieve one of them, which is not hazardous, but only inconvenient.

CHAPTER VIII.

Procidentia Vesicæ.

PROCIDENTIA vesicæ, being attended with some of the symptoms of procidentia uteri, has been confounded with it, and treated as such : in a few instances the patient has been relieved, but in the majority of cases she receives no benefit. As in procidentia vesicæ the vagina falls down before the tumour, the case has been denominated by some writers procidentia vaginæ*; although by others this term has been applied to the case where the posterior part of the vagina has fallen so low as to be exposed by protruding through the os externum. By some

* “ De procidentiâ vulvæ seu vaginâ uteri. Non ab imperitis tantum obstetricibus atque aliis mulieribus, sed ab ipsis quoque medicis atque chirurgis viris ceterum satis expertis et doctis, identidem vaginæ procidentiam cum uteri procidentiâ confundi, eodem ut plurimum nomine utrasque designari, manifestum est experientiâ.”
— Institutiones Chirurgicæ, Laurent. Heister. cap. clviii.

writers upon the diseases of the female organs, this complaint has not been noticed at all ; and by none, within the author's knowledge, has the symptom which generally attends it been pointed out.

The term *procidentia vesicæ* is given to this disease : first, because it is really the bladder which falls, and which carries the vagina with it, in the same way in which a falling uterus does ; and secondly, because the name directs the mind of the practitioner to an important part of the treatment.

The bladder may descend a little lower than its natural situation, or it may fall so low as to become an external tumour projecting between the labia.

This disease, like the former, will be most likely to occur when the vagina is relaxed, as after childbirth ; and women who have borne many children are the most liable to the complaint ; but it may happen at any period of life. It is the posterior part of the bladder which descends, or that which lies

behind the entrance of the urinary passage.

The greater number of patients whom the author has seen labouring under this disease have been subject to violent coughs, which may, therefore, probably have had some share in its production.

The symptoms of the disease in some respects resemble those of procidentia uteri; but some of the latter are wanting, and others not present in procidentia uteri are met with in this ailment. The weight of the part induces the woman to complain of a bearing down; not, however, to the same extent as in procidentia uteri. And it is a curious circumstance, that this sense of bearing down is in some women greatest in the horizontal posture. In the night, therefore, the patient is greatly annoyed by this sensation, which is frequently coupled with a perpetual desire to make water. When any urine is contained in the bladder, the patient is much more uncomfortable, as the size of the tumour is much increased

when the bladder is full ; and vice versâ. The tumour seldom goes away entirely, because some urine generally remains in the bladder even immediately after the woman supposes that she has emptied it ; it appearing that these muscular fibres of the bladder, which form the pouch or tumour, have not the power of contracting so as to expel the whole of the urine.

A mucous discharge often attends the disease : but the quantity varies. In few cases it is very profuse.

The peculiar symptom which marks this complaint is a pain referred to the navel, with a sense of tightness there. This pain is the greatest when the bladder contains the largest quantity of urine ; and, as it parts with its contents, the uneasiness diminishes, till at last, when it is empty, or nearly so, the symptom goes off altogether.

The superior ligament of the bladder runs from the fundus of the bladder to the navel, to which it is attached ; and perhaps

a stretched state of this ligament (the remains of the umbilical arteries), or the effect produced by the dragging upon the navel itself, may account for this symptom.

This pain at the lower part of the belly extending to the navel, has been considered as symptomatic of disorder in the bowels, and the disease has been treated by purgatives. This class of medicines for a time relieves the patient, because during the action of these remedies the bladder is nearly emptied of its contents: moreover, less urine is secreted by the kidneys. The good effect of these medicines is, however, only temporary, as the symptoms will be re-produced when the purging is discontinued.

The distinguishing mark between procidentia vesicæ and procidentia uteri is the absence of those stomach symptoms which attend the latter; although the stomach sympathizes with the bladder under many states of disease arising from altered structure or disordered actions, it is by no

means so frequently affected by disorder of the bladder as by that of the uterus, and very rarely, if ever, is affected by the mere displacement of the bladder : but if, in consequence of the displacement, the bladder should become affected by disease, then the complaint is no longer to be considered as a simple case of procidentia of the bladder.

A distinctive mark occurs on examination. In procidentia uteri an opening is perceptible at the lower part of the tumour, which is not the case in procidentia of the bladder.

In examining patients labouring under this disease, a tumour will be found in the vagina ; and upon tracing this to its origin, it may be felt lying between the os pubis before and the uterus behind ; and a practitioner can hardly fail to discover that it is formed by a fluid. Encysted tumours forming in the cellular membrane of the parts, although rare occurrences, may likewise be mistaken for a prolapsed bladder,

or a prolapsed bladder for them; but tumours of the above description will not be lessened in size by the expulsion of the contents of the bladder, as is the case in procidentia vesicæ.

In the case under consideration, there is also an altered state of the cervix of the uterus, which deserves particular attention. In examining the structure of the sexual organs of the female in the dead body, it is to be observed, that the cervix of the uterus and the cervix of the bladder are very firmly connected by a strong cellular membrane; so that if the cervix of the bladder rises high into the cavity of the abdomen, the cervix of the uterus will follow it; and in this manner (it is known) retroversion of the uterus is produced.

In procidentia of the bladder of long standing, the pressure of the posterior part of this viscus (when containing some urine) upon the cellular membrane connecting it with the anterior part of the cervix uteri, elongates this cellular membrane: but as it

does not yield readily, the anterior lip of the os uteri is dragged down with it, so as to be very much lengthened. In this altered state of the parts, the os uteri, instead of being found in the centre of the pelvis, opens directly backwards, and lies in contact with the posterior part of the vagina ; so that the space between the elongated anterior lip of the os uteri and the posterior part of the vagina is very small.

The author has been consulted several times in cases of this kind, where the practitioner has been led to believe that the uterus was diseased, when, in fact, the parts had only undergone this change from an altered situation of the bladder. This lengthening of the cervix uteri may exist without any, or with very little, alteration of the situation of the fundus of the uterus, as the following examination of the body of a woman, related by Morgagni, will show.

“ In ventre summum uteri fundum aliquanto inferiorem quam par esset obtinere sedem animadverti, nec tamen tanto ut

posse ejus osculum illuc quo dicam pervenire suspicarer: Extra naturalis multum dilatati labia corpus tres quatuorve transversos digitos longum prominebat cylindri forma, valde crassum factum ex substantiâ, ligamenti simili nisi qua ad imum exulcerabatur; esse vaginam inversam facile agnovi. Itaque ad summam internam partem ejus corpus urethræ erat osculum, et sub hoc singula ab singulis lateribus satis patentia lacunarum foramina. In medio autem partis infimæ orificium erat mox abiens in uteri osculum per quod specillum ad summos usque cavæ uteri parietes nullo negotio trajiciebam. Miratus insolitam longitudinem vaginam incidi, atque intra ipsam conclusam reperi uteri cervicem permulto quam soleat longiorem factam."

This alteration of the cervix uteri, being once produced, continues, although the bladder be emptied; and if the proper mode of curing the disease is not resorted to, the anterior lip of the os uteri acquires additional length. The parts gradually return to their original state, if a support adapted to the

nature of the case is applied and worn for a length of time.

Procidentia vesicæ admits of remedy by the use of a support introduced into the vagina; and the hollow pessary of a globular form before mentioned is more serviceable than any other.

Hollow pessaries made of the shape of an egg are worn by some women more comfortably than globular pessaries: particularly in those cases where the diameter of the vagina is but little increased by relaxation; where the length of the pessary, from the perinæum to the falling portion of the bladder, must of course be sufficient to support the latter; and where, if the instrument were globular, unnecessary pressure and pain would be the consequence.

The globular and the oviform instrument should be provided with four holes (in the latter, at the broad extremity), through which two pieces of silk can be passed, by means of which the instrument may be

occasionally withdrawn by the woman or practitioner. Two holes would be sufficient for this purpose, if the strength of the silk could be depended upon; but as it may happen to break by the force employed in withdrawing the instrument, the remaining sound piece affords the means of bringing it away. For want of this precaution, women who have worn the oval pessary have had some difficulty in removing it when the tape has been broken.

Solutions of astringent substances should be thrown into the vagina often in the day. Particular care should be taken to avoid straining, as every exertion of this kind must affect the displaced part, and may force away the instrument. The woman should therefore avoid lifting heavy weights; and the bowels should be kept in such a relaxed state, that the fæces can be passed without any great exertion: the woman may therefore eat freely of fruit and vegetables; and if any assistance is required from medicine, the mildest purgatives are to be preferred. As the urinary bladder, at different periods,

contains very different quantities of urine, and as the degree of the procidentia will depend upon the degree of distension of the bladder, especial regard should be had to prevent the accumulation of urine, by desiring the woman to make water frequently.

CHAPTER IX.

Procidentia Vaginæ.

MEDICAL men are not so frequently consulted respecting this disease as concerning procidentia of the uterus or bladder; for it is not attended with the constitutional symptoms of the former, nor the local inconveniences of the latter disease.

The term “procidentia vaginæ” is here meant to imply a relaxation of the posterior part of the vagina, so that this part is lower than the natural defined edge of the perinæum.

Lacerations of the perinæum, in labour, may certainly have some share in producing the complaint.

The anterior part of the os sacrum is of a concave form, and in this concavity the rectum lies. In the ordinary state of collapse,

or emptiness of this intestine, and even when the quantity of fæces in it is not very considerable, the space at the back part of the pelvis will be sufficiently large to receive it without inconvenience: but partly from the state of constipation into which the generality of women are disposed to fall, from habits of false delicacy, and partly perhaps from the sedentary life which they too often lead, the lower part of the intestinal canal becomes so distended sometimes as to make the posterior part of the vagina approach nearer to the anterior part of the pelvis, and in this way the diameter of the vagina may be much diminished. This extreme distension of the gut at length diminishes or takes off the power of contraction upon its contents, and the strength of the sphincter muscle is increased by its frequent resistance to the contraction of the intestines and abdominal muscles: at length, when, by the operation of purgative medicines, or by the natural strong efforts of the intestines, or by manual assistance (which is sometimes required), the lower bowel is emptied of its contents, the pouch formed

by it and the posterior part of the vagina continues so as to form procidentia vaginæ. If the forefinger of the surgeon is passed into the anus, under such circumstances, and carried forwards, it will be directed into the pouch so formed. This disease appears sometimes to be produced by piles acting in the same manner as habitual costiveness. Such a state of parts, being once produced, will continue unless proper means are employed to cure the disease.

The complaint may also be produced by cysts belonging to diseased ovaries falling down into the hollow between the rectum and the posterior part of the vagina. In one case where this happened in labour, the author was consulted, under a supposition that the prolapsed part was the bag of membranes formed by the amnion and chorion, and attempts had been made to break them. The case was terminated by opening the child's head, by means of which operation the life of the woman was saved. After the labour the cyst went up again into the cavity of the abdomen; and the

vagina, being no longer pressed down, regained its natural situation.

No effect in this disease is produced upon the shape of the os uteri, because the cervix of the uterus is hardly at all connected with the rectum; and the cellular membrane between the vagina and rectum is very loose, and readily permits the vagina to project.

When the patient is in the horizontal posture, the tumour made by the prolapsed vagina is somewhat smaller than when she is erect; but it never goes away altogether. Its size is sometimes as large as a hen's egg.

Very few symptoms attend the complaint. Some pain in the back is present, but this is not considerable; some transparent mucus comes away from the vagina, and the woman complains of a relaxation in the parts, and of something projecting from them.

In curing this disease, the practitioner is to direct proper means to keep the rectum empty, and thus to remove one of its causes; afterwards he is to endeavour to restore the tone of the gut. Without attending to the first of these objects, the second cannot be accomplished; and unless the tone of the bowel is restored, the mere emptying of it will be useless.

Purgatives given by the mouth, and glysters thrown into the rectum, are the means by which the first of these objects is to be attained. If piles are present, the class of resinous purgatives is to be avoided. Castor oil, or solutions of some saline purgative in infusion of senna, should be given in frequently repeated doses, till the intended effect is produced. The glysters may be made of any of the farinaceous decoctions, or broth, and some expressed oil.

As in some instances the gut is so much distended as entirely to have lost its power of action, neither glysters nor purgatives will be of any avail; the glyster-pipe, as

it passes into the rectum, will be blocked up by fæces : and purgatives will only bring a larger quantity of fæces down, which will add to the bulk, already too great. Nothing remains in this case but to empty the rectum by manual operation ; in doing which, all delicate feelings of a practitioner are to be sacrificed to the patient's good ; and however disgusting the operation to be performed may be, if it is necessary the practitioner is bound to perform it. The following is the mode of doing it. The patient being placed upon her left side on a bed, her knees being drawn upwards, the forefinger of the right hand of the surgeon, covered with oil, is to be introduced into the vagina ; a marrow-spoon, or the small end of a common table-spoon, covered with oil and warmed, is then to be introduced into the rectum ; and by means of it, assisted by the finger in the vagina, the fæces are to be scooped away. A large glyster is then to be thrown up ; and if any fæculent matter should be lying in the sigmoid flexure of the colon, it

will be brought down into the rectum, whence it may be easily removed.*

For the purpose of giving tone to the rectum, the same means are to be employed as are calculated to produce similar effects in other parts of the body. Bandages are not applicable to this case. The object is to give support to the posterior part of the vagina, and to the weakened rectum. A globular pessary answers both of these purposes very well, and it should be carefully adapted to the size of the vagina.

Solutions of alum, in a decoction of oak bark, may be thrown into the vagina several times in a day; or it may be applied to the part affected by means of a sponge. Cold water, applied to the loins and to the external sexual parts, will also assist the recovery of the patient, by giving strength.

Costiveness in future is to be carefully prevented.

* An ounce of soft soap dissolved in a pint of warm water forms as good a glyster for the purpose as can be employed.

CHAPTER X.

Inversio Uteri.

THIS complaint consists, as the name imports, of an inversion of the cavity of the uterus, so that the fundus comes through the os uteri: consequently that part which formerly was the inside of a cavity is converted into the outside of a tumour, either contained in the vagina, or projecting from it.

In the present improved state of the art of midwifery, this disease is very seldom met with, because it is generally, if not always, a consequence of mismanagement of the placenta.

In labour, the child and the placenta are expelled partly by the abdominal muscles, but chiefly by the contraction of the uterus; and no alteration in the situation of the parts of the kind about to be described fol-

lows : but if, through ignorance, haste, or carelessness, the practitioner is induced to pull with much force by the funis umbilicalis before the placenta is separated, if the placenta should be firmly attached to the fundus of the uterus, and if the funis should be strong (the uterus being in a relaxed state at the time), the placenta will be pulled down ; but the uterus will come with it, and will be inverted.

Women who do not bear children are, for the most part, exempt from this complaint ; but it is said that it may be produced by the weight of a polypus attached to the fundus of the uterus. This cause may, of course, render unmarried women the subjects of the disease ; but it will be rarely met with : first, because polypus itself is infrequent ; secondly, because the polypus must be very large and heavy, that it may have the power of drawing down the uterus ; thirdly, because an unimpregnated uterus is unyielding and firm ; and, fourthly, because the polypus, to produce the effect, must be attached exactly to the

fundus of the uterus. In labours which have been badly conducted, the uterus is in a much more relaxed state than when the management has been judicious ; and, consequently, this disease may be more easily produced.

The immediate consequences of an inverted uterus, when it takes place after delivery, are hemorrhage, faintness, and a sense of fulness in the vagina. The woman in this case compares the feeling with the sensations which she experienced just before the child was born. If the nature of the accident is discovered early, it will admit of a ready cure, by the return of the parts to their original state. This is to be effected by making pressure upon the LOWER PART only of the tumour, so as to cause this part to be received into that above it : a continuance of the same pressing force will in some cases quickly reduce the tumour. If the uterus has not been long displaced, and is much relaxed by loss of blood, the operation will be rendered less difficult. The author has been

called by other practitioners to cases of this kind, where the patient has expired, in consequence of hemorrhage, before the nature of the accident has been ascertained. In such cases, he has found very little difficulty in replacing the uterus, all resistance being removed by the weakened state of the patient previously to death. It sometimes happens, that, when a second practitioner is called in to a patient, he finds the uterus inverted, and the placenta still adhering. It is requisite that two things should here be done. The uterus is to be reduced, and the placenta is to be detached and removed.

The uterus is to be first returned to its usual state and natural situation ; and the case then becoming simply one of a retained placenta, is to be treated as such : but if, neglecting this order of proceeding, the placenta should be first removed, a number of bleeding vessels will be exposed before the uterus can contract so as to restrain the hemorrhage ; and the chance is, that the patient may die from its effects.

As inversion of the uterus is (strictly speaking) to be considered as one of the immediate consequences of delivery, no admission would have been given to it in this work, if it were not that it is occasionally met with, in the chronic state, attended by a mucous discharge.

The symptoms of the chronic state resemble those of procidentia uteri ; and, an examination being made, a tumour is found either in the vagina, or hanging out of the external parts. Such a tumour may be mistaken for polypus : but in the latter disease, the os uteri encircles the tumour ; in inversion of the uterus, the os uteri forms a part of the tumour itself. Moreover, the inverted uterus is sensible ; polypi of the uterus, on the contrary, are void of feeling.

The tumour may be mistaken for procidentia of the uterus ; but the difference may be detected by observing that there is no opening at its lower part. It is distinguished from procidentia of the bladder by

being much more resisting, by its size continuing always the same, and by the impossibility of finding the uterus behind it.

If an inverted uterus should project from the external parts, and the woman should continue to menstruate, the fluid of menstruation may be observed coming from the whole surface of the lower part of the tumour—of the lower part of the tumour, because in the greater number of instances the uterus will drag down the vagina with it: in which case the external tumour will consist of two parts; one above, which is the inverted vagina, another below, which is the inverted uterus. Where the vagina terminates and the uterus begins, there will be found a contracted part, which is the os uteri. As the uterus alone secretes the menstruous fluid, the lower part of the tumour only will be moistened by it; the upper part being an inversion of the vagina, which does not secrete menstruous fluid, having a glossy surface, which is dry; or if moist, covered with mucus, and not with menstruous fluid.

Whilst the inverted uterus remains in the vagina, the discharge (excepting at the periods of menstruation) will be of a mucous kind; but if the uterus falls lower, so as to protrude beyond the external parts, the exposure of that surface, which in a natural state lined the cavity, to air, as well as to occasional injuries, may induce inflammation and ulceration over a part or the whole of its surface; and the mucous discharge may be changed to one of a purulent kind, so considerable in quantity as to debilitate the constitution, and to cause all the common symptoms of weakness. If there are any ulcerations upon the surface of the upper part of the tumour formed by the inversion of the vagina, they will be circumscribed, and rarely cover its whole surface.

The size of an inverted uterus will vary in different cases, owing to the length of time which has elapsed since the labour, and the degree to which the parietes of the uterus have contracted. An inverted uterus will always be larger than an unimpregnated

uterus in its usual state, because the appendages of the uterus (as the ovaria and the Fallopian tubes) will be contained in the centre of the tumour.

In a case where the uterus has been long inverted, and lies in the vagina (the latter cavity having undergone no change except from distension), it will not be advisable to recommend any other remedy than the injection of some very mild astringent fluid, three or four times a-day, into the vagina. Some restraint will thus be placed upon the quantity of the discharge, and the parts will be kept clean by it.

Pessaries are useless; the vagina being already so completely filled, that nothing more can be retained in it.

There is an extreme degree of the disease, where the uterus (previously inverted) falls out of the body, drawing down with it the vagina, and where the woman is every day becoming more and more weak from the quantity of the discharge. If this case is left

to itself, the woman either drags on a miserable existence for a number of years, or her life is cut short by the constant drain.

Cases of this kind can receive very little benefit from external applications ; and it is obvious that nothing is to be expected from internal medicines. Powdered chalk, or lapis calaminaris, sprinkled upon the part, may check the discharge a little ; the oxide of zinc may in some measure abate its quantity, but it will not remove it altogether : and the same observation will apply to astringent applications generally. The following application may have a beneficial effect : —

℞ Lig. calcis. ℥ iv.

Mucil. sem. cydon. ℥ vi. Misce.

Besides, it is to be recollected that the uterus is an organ supplied with blood most amply by a double set of vessels ; and therefore it deserves consideration how far a discharge, which has subsisted for some time, can be put an end to without injury to the viscus which secretes it, and

to which the usual determination of blood continues to be made. It may be considered more prudent, if the discharge diminishes in consequence of such applications, to persevere with them, rather than to risk any danger which may arise from an operation. In those cases of inversion of the uterus, where the woman has passed the menstruating age, where her comfort is destroyed by the disease, and where the profuseness of the discharge threatens her with death, from the debility which it produces, it may be advisable to recommend the performance of an operation which has been in many instances attended with success, and from which the author has known a patient recover after she had attained the age of sixty : — this operation is the removal of the inverted uterus itself. Although it is not expedient to subject a patient labouring under a chronic inversion of the uterus during the menstruating portion of her life, under ordinary circumstances, to the danger of the removal of the organ, the system of a woman may be so drained by the excessive discharge as to

warrant the performance of the operation. The author has twice performed the operation of removal in patients between the age of thirty-five and forty-five ; and in one of these cases general anasarca prevailed, with evidences of effusion into the larger cavities ; the functions of the stomach were completely destroyed, and the life of the lady was in immediate hazard. A strong silken ligature was used ; and, although nearly three weeks elapsed before the uterus was separated, during which time symptoms of inflammatory action presented themselves in full force, with vomiting and diarrhoea, the result was most successful, and perfect health was restored. The case was also attended by the late Dr. Gooch, Dr. Granville, and Dr. Henry Davies ; the two former of whom have published an account of it ; so that any farther remarks upon it are unnecessary, as a reference may be made to the case at length.

When the uterus has been inverted many years, the ovaria and the Fallopian tubes, which are enclosed in it, become consoli-

dated with it (perhaps by inflammation having taken place), and the operation becomes less hazardous, because the cavity of the abdomen is not exposed.

Cases are upon record, where the removal of the uterus has been performed with safety. Ambrose Paré* relates a case, where he, with Mauriceau and another surgeon, cut away the womb of a woman thirty years of age, who survived the operation; but she died of a pleurisy three months afterwards. There could be no doubt that the tumour which was removed was the uterus; as the ovarium was removed also, and upon opening the body after death no uterus was found. This case occurring during the menstruating part of the woman's life, shows that the operation may be done with impunity; unless it be considered that the woman would not have had the inflammatory attack, if she had continued to menstruate.

* Lib. xxiv. cap. 42.

A case is to be found in the 16th vol. of the Edinburgh Medical Commentaries by Dr. A. Hamilton, in which the operation was performed; and another has been related by Dr. D. D. Davis, Physician to the Queen's Lying-in Hospital.

Since the publication of the first edition of this work, the author has been favoured by a communication from the learned Dr. Joseph Clarke of Dublin, in which he makes reference to a case of inversion of the uterus related by himself in the 2d vol. of the Edinburgh Medical Annals. The pressure by ligature, which the partially inverted uterus bore for many days, not only with impunity, but with decided benefit to the future health, constitutes the leading feature of this case. When the uterus became completely inverted, its amputation became an easy operation, and the patient's previous good health suffered no diminution.*

* Dr. Joseph Clarke subsequently informed the author, that the woman after the death of her first husband married a second, with whom she lived many years in the most perfect health; no menstruation, of course, having taken place.

The recommendation of the operation of removing the uterus when inverted, in desperate cases, by so eminent a practitioner as Dr. Joseph Clarke, who has long held the most distinguished character in Ireland, is to be considered as a sanction for its future performance, whenever the safety of the woman is brought into hazard. The well-informed practitioner must always reprobate the temerity of the empiric; but no man ought to shrink from the performance of his duty, although, in the execution of it, he may make a sacrifice of personal feeling, or incur the censure of others who may possess asperity to condemn a practice, the propriety of which they have neither the liberality nor the information duly to appreciate.

The following case occurred to the author some years ago : —

A poor woman, sixty years of age, complained of a tumour which hung down from the external parts between her thighs, attended by a discharge of mucus and of pus,

so profuse in quantity as to make her exceedingly weak. Upon an examination of the tumour, it appeared to be an inverted uterus, the whole surface of which was in a state of ulceration. Above this tumour was the vagina, also inverted, having partial ulcerations upon it. The circumstances in life of the patient obliged her to apply to a dispensary for relief: her sufferings, although not acute, were sufficient to interfere with her comfort; and her increasing weakness made her readily consent to the performance of an operation for the removal of them, which was performed by Mr. Chevalier, surgeon to the Westminster General Dispensary. A ligature was applied round the contracted part of the tumour; that is, where the uterus terminated and the vagina began. It was tightened daily until about the eleventh or twelfth day, when the parts included in the ligature were absorbed, and the uterus fell off. During this time the patient complained of very little pain. Adhesions had taken place between the sides of the vagina, so as to prevent the exposure of the cavity of the abdomen; and the

woman recovered. After an operation of this kind, the vagina should be returned to its natural situation, and, if necessary, it should be kept there by a hollow globular pessary. In all probability this support will be required during the remainder of the patient's life, as the vagina may otherwise fall down and project between the labia.

CHAPTER XI.

On Mucous Discharge produced by an increased Determination of Blood to the Sexual Organs.

THE complaints which have been hitherto described, and of which an increased mucous discharge is symptomatic, are to be considered as consisting of the displacement of certain parts. But these diseases are not the only causes of such discharges; for if an increased determination of blood is made to these parts, from any natural or morbid cause, an increased secretion of mucus will be produced by it.

Those diseases which produce an increased determination of blood to the sexual organs of females, or parts in their vicinity, will be next considered. Some of these complaints consist of an alteration in the structure of the parts, others of derangement of function: but these latter

cases frequently terminate in such a change of organisation as may incapacitate the part from resuming the exercise of its natural function.

HEMORRHOIDS, OR PILES.

This disease is a dilatation of the hemorrhoidal veins, and is exceedingly common in both sexes; but more so in women than in men; and it becomes a source of great inconvenience to both.

Hemorrhoidal tumours are sometimes contained within the gut; at others they project from the anus: the first are called internal, the last, external piles. Piles, when external, increase very rapidly in size, in consequence of the contraction of the sphincter and upon the trunk of the vessels; and if the coats of the vessels do not inflame from distension, (a circumstance which frequently happens, the circulation in the vein being arrested,) the blood contained in them coagulates, forming those indolent

tumours often found round the verge of the anus.

Sometimes the size of hemorrhoidal tumours is quickly diminished by the rupture of their coats, and the escape of their contents ; and in this way inflammation is prevented or cured. The quantity of blood lost upon these occasions is sometimes so considerable as to cause great debility. Nevertheless, upon the cessation of these discharges of blood, which sometimes become habitual, diseases of the neighbouring parts or of the constitution arise, which prove of difficult management, and perhaps do not yield till the hemorrhoidal veins again pour out their blood. In some constitutions there has been remarked a regularity of interval between these discharges. When hemorrhoidal tumours become external, ulceration frequently takes place upon the surface of them, and they discharge a puriform fluid.

Upon inspecting these sores, they will frequently be found to resemble in appear-

ance those of a venereal kind; and, as they may be such, practitioners should be very guarded in their prognostic till they are certain.

Similar sores are also observed upon the sides of the anus, to the distance of two inches or more; and they likewise are formed sometimes within the labia. *

Patients who have been exposed at any part of their lives to the cause of venereal disease are very apt to fear that their complaints originate in such diseases; whilst the more virtuous, but suspicious, woman may be led to attribute her disease to the inconstancy of her husband. It is to be lamented, that many well-meaning practitioners are themselves too apt to fall into a habit of considering almost every discharge from the neighbourhood of the

* “Tertium autem ani vitium est, ora venarum tanquam capitulis quibusdam turgentia quæ sæpe sanguinem fundunt. Αἱμορροΐδας Græci vocant. Idque etiam in ore vulvæ foeminarum incidere consuevit.” — Celsus, lib. vi. cap. 18.

sexual organs to be of a specific nature, and every ulcer near these parts to require the use of mercury. But it is degrading to an honourable profession to witness the infamous attempts made to impose upon the unwary and credulous, by describing in the public prints diseases as the effects of vicious propensities, which spring from causes to which all are equally exposed. The authors of such impositions make it an invariable rule to call every complaint about which they are consulted venereal, or to give an opinion couched in obscure or unintelligible language, in order to intimidate those who consult them. Such persons would do well to heed the observations of the excellent Sydenham, who, speaking of those who think that the venereal disease ought not to be cured, in order that others may be deterred from falling into the cause of it, says: “ His ego non assentior, utpote qui existimem nullum fere locum charitati atque operæ mutuæ relictum iri, nisi ea quæ sibi suâ ipsorum culpâ improvidi accersunt mala humaniorum officiis sarciantur. Omnipotentis Dei est

sontes castigare, nostrum vero miseris pro virili succurrere atque ægris opem ferre, non autem *curiosâ causarum indagatione* illos acrius urgere, aut censorio vexare fastu.”— Sydenham, Epistola Respons. 2da de Morbo Venereali.

The ulcers on the outside of the anus also resemble venereal sores; for the cellular membrane is absorbed more quickly than the skin, which gives an appearance of high edges to them. They also become very difficult to heal. But these ulcerations differ from venereal sores, in not having their surfaces covered with that thick yellow film which is met with in chancres; and although the sores do sometimes run into each other, yet they do not spread with the same rapidity as chancres. Besides, chancres will heal by the use of mercury: this will rather be injurious in the other ulcer, which will heal by the application of simple stimulants, such as solutions of sulphate of copper, or of nitrate of silver.

A discharge of mucus from the vagina is a concomitant symptom of the piles ; for the internal iliac artery supplies both the hemorrhoidal vessels and those about the vagina with blood ; and it will be found difficult to restrain this discharge whilst the hemorrhoidal tumours continue.

The labia and the nymphæ are also apt to be more swelled, from their vessels being distended.

Varicose veins of the labia and of the nymphæ are by no means uncommon ; and in some women who have borne many children, especially when the pelvis has been sufficiently capacious to receive a large portion of the lower part of the uterus, even to the end of pregnancy tumours of a very large size have been formed. Such distension of the coats of veins has been frequently mistaken for cysts filled with fluid, or abscesses containing pus. The error above mentioned arises from the circumstance of the veins of the labia being more deeply seated than the hemorrhoidal

veins; and, secondly, from the parts which cover them being much more dense. Between the hemorrhoidal tumour and the surface there is nothing except the thin coats of the rectum; whereas, in the distended veins of the labia, the enlargement is covered by cellular membrane and the common integuments of the body. Besides, varicose veins of the labia have not the same appearance of distended canals which is usually met with in the legs and thighs: in some parts the muscular coat of the vein yields much more readily than in others, in which, perhaps, little dilatation takes place, so that the enlargement puts on the appearance of a circular tumour more than that of a distended cylinder.

By such an error as that which has just been adverted to, the patient has sometimes been involved in difficulty, and the practitioner has been perplexed at the moment of his discovering the true nature of the complaint; his conduct has called forth the animadversions of his medical "*brethren*," and the blame of the patient herself, whose

mind is seriously alarmed by the immediate consequences of the inattention or ignorance of the surgeon. — A lancet has been plunged into the part: to the surprise of the practitioner blood alone issues from the orifice; or, the opening in the skin shifting over that of the vein, hemorrhage takes place into the loose cellular membrane, which is rapidly filled with blood, producing a considerable enlargement of the whole labium, the blackness of the colour of which increases the apprehensions of the patient. In order to avoid these inconveniences, let the surgeon make a steady, long-continued compression of the tumour by means of his fingers: if the disease be an encysted tumour, no alteration will be produced in it; if, on the contrary, it should be a distended vein, it will yield to pressure, but the bulk will almost immediately return, the pressure being removed.

Women who have been frequently pregnant, and whose bowels are disposed to be constipated, are the most liable to this disease.

The surface of the piles being covered with the internal membrane of the rectum, such tumours are at first very irritable and tender : by degrees, however, from exposure to the air and to pressure, this irritability goes off.

The treatment of this disease depends upon the accompanying symptoms, upon the state of the tumour, and the cause which induces it. If the disease should arise in a plethoric habit, and if blood should occasionally escape, it will be right to consider whether the patient will suffer more by the continuance of the disease, or by putting a stop to the evacuation of blood. In such habits the discharge answers a salutary purpose ; and whilst it is kept within moderate limits, it may be suffered to go on ; but if its profuseness should induce debility, astringents and pressure may be safely applied.

In all cases of the disease, but especially where the vessels of the system are too full of blood, the bowels should be kept open ;

and this should be effected by those purgatives which do not stimulate the lower part of the intestinal canal: all the class of resinous purgatives should be avoided. Expressed oils and manna will be found most serviceable. Sulphur is also by many considered to be useful in these cases. Sublimed sulphur may be given in the form of electuary mixed with honey, or the sulphur præcipitatum may be taken in milk. The only objection to its use is the unpleasant smell attending it.

Although a confined state of the bowels is injurious, active purging is not required, but proves detrimental.

Cold applied to the anus is useful, and the size of the tumour will be diminished by it. Cold spring water may be applied by means of a sponge, or powdered ice may be applied between folds of linen. These applications may be repeated often in the day.

Solutions of astringent substances will, by

producing contraction of the coats of the veins, be likewise beneficially employed.

If external piles become painful, they should be returned within the anus by careful pressure, and some cold lotion should be applied to the anus, or even thrown up into the rectum, after the reduction of them : this will produce contraction of the distended vessels, by which the blood will be driven out of them ; and it will also increase the contraction of the sphincter ani, by which a support will be given to the vessels, and their future descent perhaps prevented.

If inflammation should exist, (which will be known by the constancy and the violence of the pain, and perhaps by febrile symptoms,) local bleeding will be proper, and this will relieve the symptoms. The blood may be taken away by leeches, or by puncturing the piles with a lancet. If the febrile or inflammatory symptoms should be violent, general bleeding will be proper.

When a tumour in the cavity of the pelvis occasions the disease, the symptoms will continue till the tumour rises into the cavity of the abdomen. If that tumour should be a pregnant uterus, quickening will cure or relieve the patient, when the piles occur in the early part of pregnancy; and labour, when they appear in the more advanced stages. But if the pressure should be caused by any morbid tumour, as the progress of such tumours is very uncertain, as it sometimes proceeds very rapidly and sometimes very slowly, it will be difficult to foretell how long the pressure will continue.

When the hemorrhoidal disease is conquered, the discharge from the vagina will cease; but it will be advisable, during the employment of the measures which have been recommended, to throw cold astringent solutions into the vagina, which may not only restrain the discharge, but, from the vicinity of the parts, may have some influence upon the hemorrhoidal complaint.

In cases where chronic indolent tumours surround the verge of the anus, it is sometimes advantageous to rub them lightly with a mixture consisting of camphor and simple cerate, in the proportion of one part of the former to twenty of the latter by weight. If they become very troublesome they may be removed by the knife or by ligature:—the ligature seems least formidable; but it will be found upon employment to be much more painful than the knife, with which the operation is quickly finished. If the extremity of the gut is relaxed, the surfaces to which the tumours were attached may be touched with argenti nitratum. The subsequent inflammation will be useful in producing a thickening of the parts, and an obliteration of the cavities of some small veins, thereby materially assisting in preventing a return of the disease.

CHAPTER XII.

Ascarides in the Rectum.

WHOEVER has attended to the diseases of the sexual organs, must have seen repeated instances of disease in one part producing symptoms in another, which symptoms have been regarded as the primary disease. Mucous discharges from the urethra in males are indicative of disease in the prostate gland and in the testicle; and yet they are sometimes mistaken for, and treated as, a morbid condition of the urethra, often with manifest injury to the patient. So, likewise, discharges of mucus from the vagina have been considered as originating in disease of that passage, or of the uterus, when the irritation arising from ascarides in the rectum has produced all the symptoms.

Ascarides are endowed with a power of very rapid motion, and they have a pointed extremity, which is nearly transparent,

with which they probably irritate the sides of the rectum. An extreme and insufferable itching, very distressing to the patient, is occasioned by them.

A larger quantity of blood in the vessels of the neighbouring parts is the effect of being so stimulated; and from the increased circulation arises an increase of secretion.

Ascarides will also travel from the rectum across the perinæum into the vagina, the membrane of which will be itself stimulated by the presence of these animals in that passage.

Some care is required in investigating this case; for both the mucous discharge and the pruritus attend many other complaints, requiring very opposite modes of treatment.

Although children are seldom attacked by mucous discharge from the vagina, yet it sometimes appears, and may depend upon

this cause. Irritation in the gums, at the time of dentition, will also excite it. An examination of the alvine excretions should be frequently made, when, if ascarides should be present, they may be seen upon the surface of the fæces.

As the rectum is especially the seat of the ascaris, or thread-worm, the complaint may be cured by glysters. These act partly mechanically, by washing out the intestine and so removing them, and partly by being obnoxious to the ascarides. Solutions of bitter substances in water, as decoct. anthemidis, decoct. absinthii, or a mixture of aloës and milk, are found to be useful in removing them; but a strong decoction of the semen santonici is the most efficacious of all the injections in use.* With this the rectum should be filled; but the quantity thrown up should never be so great as to produce great distention of its cavity, lest, the coats of the bowel being stimulated, it

* R Semin. Santonici, ʒvi.

Aquæ puræ ʒxii. coque ad ʒx. et cola. — Fiat
Enema.

should contract hastily and expel the glyster, which acts with more certainty if it remains for some time. This operation repeated for a few successive days will seldom fail to remove for a time the ascarides, and the symptoms which they produce.

Purgatives employed alone are of little service ; but during the use of the glysters they ought to be occasionally exhibited. Those of a stimulating kind should be preferred, as jalap, or scammony with calomel. As the constitution of the patient is generally debilitated, preparations of iron, with a nutritious diet, will be advantageously employed. Generally, no remedies will be required to put an end to the discharge from the vagina, which is merely symptomatic ; and when the ascarides are removed from the rectum, the mucous secretion from the vagina will cease.

If the rectum should remain irritable after the removal of the ascarides, it may be tranquillised by the injection of two ounces of decoctum amyli, or decoctum

semin. cydonii, with forty or fifty drops of tinctura opii, or by a suppository containing one, two, or three grains of opium mixed with starch.

CHAPTER XIII.

Carcinoma Recti.

It has been proposed by Mr. Abernethy, in his Treatise upon Tumours, that those tumours which have been designated "scirrhus," and which have in their more active state been termed "cancer," should be included under the general head of Carcinoma, dividing the stages of the disease into,

1. Carcinoma.
2. Ulcerated Carcinoma.

This he considers to be advisable; because other tumours which are hard, although indolent, have been entitled scirrhus.

To be clear and precise in terms is important in all sciences; but in none more than in physic, which has for its object the preservation of human life. Of less, but still of considerable consequence, is the endeavour to soothe the minds of those who are afflicted with disease. All tumours which

have the character of hardness have been called scirrhus, and scirrhus has been considered as the forerunner and first stage of cancer. But many tumours which are scirrhous, that is to say hard, have no disposition to acquire an ulcerating state, or at least have that disposition only in a trifling degree. It is the intention here to follow the distinction above alluded to, and to consider the first stage of cancer under the head of Carcinoma.

Carcinoma recti is not a disease of frequent occurrence ; but as it sometimes happens, and, as in some of its symptoms and in its termination it resembles carcinoma uteri, it deserves a place here, being attended by a mucous discharge from the vagina.

The lower part of the rectum being of a more glandular structure than some other parts of the intestines, renders it, perhaps, more liable to this disease than other portions of this canal.* The whole circum-

* Vide Dr. Baillie's Morbid Anatomy.

ference of the gut is most commonly affected ; and the parts becoming thickened in consequence of the disease, the capacity of the canal is diminished, and the passage of the fæces through it is impeded. The resistance produced by this cause makes the discharge of the fæces very painful : and as piles are a very common disease, and are generally supposed by patients to be the cause of any pain or difficulty in voiding the fæces, this complaint has been mistaken for them, and the patient has suffered the inconvenience without being aware of any danger.

In consequence of this narrowness and obstruction in the rectum, the colon becomes gradually more and more distended ; and, upon an inspection of the body after death, it has been found to contain several pints of fluid, resembling a mixture of fæces and water. Few cases present greater difficulties in practice than this stage of carcinoma recti, which becomes a stumbling-block to the careless or unobservant, and which causes great hesitation to the inform-

ed practitioner. The former, misled by the fluctuation of fluid in the distended colon, mistakes the case for ascites ; whilst the latter is aware of the true cause of the symptoms, and knows that the case admits of one mode of relief, and that only temporary, the introduction of a large bougie through the constricted and irritable part.

This disease has also been mistaken for membranous stricture of the rectum ; and the patient has been much injured by the mode of treatment pursued in that disease, and her death has been accelerated. Bougies introduced into the constricted part have produced a great degree of inflammation in the neighbourhood ; and thus, by adding to the thickening of the gut, increased the symptoms which they were intended to alleviate.

The pain attending the complaint is of the darting or lancinating kind ; and being referred to the neighbourhood of the uterus, has led to a supposition that the uterus was the diseased part. This error with regard

to the seat of the complaint, if its true nature is understood, is not very important; because, whether the complaint is in one viscus or in the other, the principles upon which it is to be treated are the same.

In carcinoma of the rectum, the distress will be greatly increased by the passage of the fæces, and the pain will be such as the patient would feel upon the rough handling of any external tumour of a similar character; whereas, in the common stricture of the rectum, although there may be pain, it will be by no means so acute, being occasioned merely by the resistance offered to the passage of the contents of the gut.

In carcinoma of the rectum, acute pain is occasionally felt when no endeavour is made to expel. In stricture of the rectum, the pain is felt only at this period, or for a short time afterwards.

The constitution, also, is more likely to be affected in carcinoma than in stricture of the rectum; and the sympathies between

the part diseased and other parts will be more likely to be excited in carcinoma than in stricture.

The hemorrhoidal veins are apt to become enlarged, and sometimes to bleed. The bleeding may have some effect in retarding the progress of the complaint. Small œdematous tumours about the anus are also very liable to be formed ; but both of these symptoms are likely to be met with in other diseases, where the action of the blood-vessels is increased, or the return of blood to the heart prevented.

When the uses of the rectum are considered, and its liability to be stimulated, it will appear probable that carcinoma of the rectum will advance with greater rapidity to the more active stages of the disease, than when it attacks parts less exposed to pressure or disturbance ; but upon this subject it will be difficult to form any precise opinion, because it is impossible to know how long the disease may have existed before the practitioner was consulted ; and it fre-

quently happens that he is not consulted at all until the inflammatory action has commenced, which attends the conversion of the complaint into the ulcerated state. Moreover, the disease not being frequent, opportunities of collecting information respecting it will not often occur.

That the mesenteric glands are affected in the latter stages, may be learned from writers on morbid anatomy. Dr. Baillie states, that when a portion of the intestinal canal becomes cancerous, some of the absorbent glands in the mesentery also become affected with the same disease, in consequence of the matter of cancer being conveyed to them by the absorbent vessels. This explains the great emaciation which commonly attends the disease. The mere irritation and pain, and the quantity of the mucous discharge from the vagina, during the first stage of this disease, may in some measure account for it; but if the parts concerned in the conveyance of the chyle into the blood have their structure likewise altered, it is reasonable to expect that the

emaciation and loss of strength will be more quickly produced.

An opportunity has never occurred to the author of examining the body of a patient in the first stage of the complaint, before ulceration has commenced ; but, as absorbent glands in the vicinity of carcinoma in other parts of the body occasionally appear to enlarge before matter forms, and, consequently, before it can be absorbed, it is probable that they may do so here, and the mesenteric glands may have undergone an alteration in the early stages of the disorder.

Few other symptoms attend this disease ; and this state of things may continue for a long period, under proper management, producing no symptoms of a more alarming nature.

When the disease becomes cancerous, the symptoms begin to be more formidable, the mucous discharge is converted into one of a purulent kind ; but the history and treatment of this stage will be considered under

the head of Purulent Discharges. It may here, however, be remarked, that occasionally in the ulcerated stage a communication is made between the rectum and the vagina, in consequence of the destruction of the parts which naturally separate these cavities from each other; that the pain becomes more acute; that the stomach is apt to be affected with vomiting; and that hectic fever sometimes supervenes.

TREATMENT.

When, in the latter part of the preceding section, the term "proper management" was used, it was by no means intended to convey a notion that the complaint would be cured; carcinoma not admitting of cure by any medical treatment hitherto known. That species of tumour which is found to degenerate into cancer can be removed only by the excision of the part. Even when this operation is resorted to in other parts of the body, it is doubtful whether much benefit is often obtained; since

the part where the incision was made, or parts in the neighbourhood, are very apt to continue the disease. Admitting even the utility of the operation where the disease is seated in other parts of the body, it must be wholly inapplicable when the rectum is the seat of the disorder. As the disease does not admit of cure, it is of great importance that no injury should be done by unnecessary interference or irritation: the endeavour to do much in such cases is worse than doing nothing.

To look on and to watch a disease, to know when to assist nature in her operations, and when to do nothing, are among the greatest qualifications of practical men, and the lot of but few: and it should never be forgotten, that the natural resources of the constitution are equal to a great deal, if they are not interrupted by the interference of art.

Perhaps in other parts of the body, when tumours of this description arise, and when it is not thought right to remove them by

operation, on account of the age of the patient, of the state of the constitution being unfavourable to the healing of the wound, or because glands in the neighbourhood are diseased, the most simple applications are the best.

Stimulating applications, to promote absorption of such tumours, should never be employed, as they produce no good effect, and may do irreparable mischief.

All plaisters which adhere strongly to the surface of the skin, notwithstanding that the ingredients of which they may be composed are of a sedative nature, should be avoided; for by the warmth which they produce they may be injurious, and in the removal of them the skin may be injured and a breach of surface produced. Thus any good effect which might have been expected from their sedative quality will be defeated. As a defence against external injuries, when the skin is very tender, the common soap plaister, spread upon thin linen, may be applied; and whilst care is

taken to prevent the part from suffering by any improper exposure to cold, it should also be a particular object of regard, that it should not be kept too warm.

Most patients who consult medical men on account of tumours, have applied flannel to the part, "in order to keep the cold from them." The practitioner should endeavour to explain to the patient the erroneous principle of her conduct, and advise her equally to avoid the extremes of heat and cold.

Another object of importance is to prevent the unnecessary action of those parts near which the disease is situated. Thus, if a tumour should form in the breast, the arm of that side should be kept as quiet as possible, lest the exercise of it should produce a larger determination of blood to the disease, as well as render it more liable to be injured.

It is well deserving of inquiry, how far pressure made upon vessels carrying lymph

or blood has a tendency to produce and increase the size of carcinomatous tumours. It cannot be unsafe to caution a woman labouring under carcinoma of the breast to let her dress make no pressure on the shoulder, but particularly on the axilla of the side diseased. It is found to be advantageous in retarding the growth of carcinomatous tumours, to apply leeches often to the surface of them, if the tumour is not very near to the surface of the body. Such a mode of treatment is very serviceable, by emptying the blood-vessels, and diminishing any increased action in the vessels of the part. But when the tumour lies very near to the surface, more harm than good has been done by the application of leeches. The coagulum of blood, which is always left in the opening formed by the mouth of the leech, sometimes irritates the parts, and produces itching, which the patient endeavours to appease by rubbing: this excites great superficial inflammation, which cannot but be hurtful.

Whenever a carcinomatous tumour becomes so large as to stretch the skin covering it so as to make it appear glossy, the application of leeches will always be improper; because a breach of surface once made may not heal again. If in such a case the application of leeches should be thought advisable, they should be placed on the outside of the circumference of the tumour, where no such effect will be produced upon the skin; and when this caution is attended to, they will be nearly as efficacious in diminishing the fulness of the tumour, by emptying the supplying vessels, as if applied upon the tumour itself.

In some carcinomatous tumours of the breast, there are points elevated above the plane of the tumour, which put the skin covering them much upon the stretch, and which projecting points, at length, occasion absorption of the skin lying over them. Every remedy, therefore, which tends to relax the neighbouring skin may be usefully employed: in short, to prevent the conversion of carcinoma into the ulcerated

state ought to be the especial care of a practitioner.

In those cases where the tumour lies near the surface of the body, there is a state intermediate between these two stages,—the scabbing stage ; and during the continuance of this stage the patient may live for a number of years, perhaps with less inconvenience and pain than that which was suffered before the breach of surface took place which originated it.

After the skin has been very much stretched it often gives way, and a portion of the tumour is exposed : from this portion a small oozing of serous matter escapes, and forms a film upon the surface : the aqueous part evaporating, this becomes a scale. This small oozing, if the patient attends to proper rules of diet, will so far relieve the vessels below it, that the sense of pain and of tightness will be greatly mitigated. By degrees, however, the oozing goes on, till that which was a thin scale becomes a scab, the extent of which

increases, till, at length, it covers a great part of the neighbouring sound surface, and even projects very much above the skin. As long as the scab remains attached, the patient's situation is far less dangerous than when a separation of it has taken place.*

During the time of the formation of this scab, any fluid which may be effused should be absorbed, by sprinkling the surface with some light dry powder, such as oatmeal, or a mixture of starch and oxide of zinc. The part should also be left exposed to the air, in order that evaporation may go on more quickly, and the film harden.

If the fluid poured out can be dried in this way, so as to prevent the escape of it over the neighbouring sound parts, it is preferable to the application of any powder ;

* A very good account of the scabbing state of this disease is to be met with in a posthumous work of the late Mr. John Howard, surgeon to the Middlesex Hospital, edited by Dr. Gower, physician to the same hospital.

which, by adding to the weight and thickness of the scab, may render it more liable to be displaced. To prevent the occurrence of this accident, all possible care should be taken. For this purpose, a thin metallic case may be worn over the breast affected, in order to secure it from any injury during the day, and from accidental pressure during the night. Such metallic case should be very thin; it should be pierced with holes throughout, in order to diminish its weight, and to prevent the retention of the heated air between the breast and itself. It should, of course, make no pressure upon the scab.

If the height of the scab should render it very liable to be detached, small portions of it may be carefully removed from its upper surface by very gentle means; care being taken not to carry the removal of the dried matter too far.

The author hopes that he shall be excused for this digression from the subject of carcinoma recti. But as external diseases

often throw much light on internal complaints, as they are more the objects of the senses, he was led into it, not merely on its own account, but to illustrate a similar disease of parts which are less so.

No intermediate stage is met with between carcinoma and ulcerated carcinoma, when it occurs in internal parts; so that when once the inactive state is over, the active state immediately commences, and in many cases quickly destroys the patient, especially when the complaint attacks parts in the neighbourhood of the vital organs, whose functions frequently become deranged by it.*

In treating carcinomatous tumours, every thing should be avoided which can stimulate the diseased part, or increase the force

* In a considerable number of cases in which the early symptoms of carcinoma recti have been present, they have been wholly removed by the abstraction of blood from the sacrum by cupping: this remedy is also very efficacious, even when the disease has made great progress.

of the circulation. If there should appear to be too great strength of the constitution, or inordinate vascular action in the part itself, these are to be subdued by the removal of blood from the region of the os sacrum, by cupping-glasses, or by leeches: this should never be omitted; and the operation may be repeated as often as the urgency of the symptoms may demand it. The lancet also may be used, if the symptoms should be violent, and the patient strong. Great attention should likewise be paid to the state of the constitution; and we should be careful, whilst pursuing those measures which diminish strength, not to produce the opposite danger of debility. There are very few constitutions which will not bear the loss of a small quantity of blood from small vessels; wherever therefore, much pain is present, this remedy should always be had recourse to.

If the hemorrhoidal veins should spontaneously bleed, this may supersede the necessity of taking away blood by artificial means.

Great attention should be paid to the state of the bowels, which should not be suffered to accumulate hard fæces ; because, in passing, they will irritate the diseased part, and cause pain to the patient, which might be avoided.

The purgatives adapted to this case are, expressed oils, sulphur, and manna : whenever relief can be afforded by these means, they are to be preferred to all others ; but if they should not be sufficiently active, some senna may be joined with them, or some saline purgative may be taken separately. The objection to saline purgatives is, that they may irritate the mucous membrane. To counterbalance, however, this inconvenience, they possess the advantage of rendering the motions more fluid.

In whatever part a carcinomatous tumour may be situated, it will be right that the patient should live as much as possible upon vegetable food, it being less nutritious and less stimulating than animal food. It is especially proper when the disease attacks

the rectum ; such nourishment being most likely to pass readily through the bowels, and to keep them in that open state which is so much to be desired. Fermented liquors, distilled spirits, and spices, will be very injurious : they should therefore be avoided.

From the vicinity of the rectum to the vagina, this latter part should not be subjected to any cause of irritation. And if the patient should be married, she should be cautioned against sexual intercourse. If the lower part of the rectum should be the seat of the disease, the sufferings of the woman upon these occasions would be alone sufficient to deter her from it.

If the bladder should become irritable, the immersion of the hips in tepid water will be found to afford relief. Opium, although so useful in relieving pain, should never be employed, except when absolutely necessary ; as a time may come when the patient may be indebted to it for all her comfort. It should not, therefore, be used

before it is wanted. It is, perhaps, the most powerful of all the medicines in use for relieving pain ; but when the stomach has been long accustomed to it, it will produce but little, and the other milder sedatives, no effect. It also renders the bowels more torpid.

The mucous discharge should by no means be restrained by the use of astringents ; because, if suffered to continue, it will retard the progress of the disease. If it should be hastily or incautiously checked, the symptoms will quickly increase, the pain will become very violent, and the disease altogether very sensibly aggravated.

Tepid water may be thrown into the vagina several times a day with a female syringe, and the external parts may be frequently washed with it. This will prevent the discharges from becoming irritating, or excoriating the parts over which they run, and the neighbouring parts will be much soothed by it. The temperature of the

water employed should be below that of the body.

When means have been employed to diminish the discharge from the vagina, it is not unusual for the patient immediately to observe an increase in the violence of the symptoms; and this remark leads sometimes to the knowledge of the state of the uterus, or of the neighbouring parts, which might otherwise have escaped observation.

The attention of the practitioner being called to the probability of the existence of some organic disease, he ought to satisfy himself by an examination. Perhaps the disease may be out of reach, either by the rectum or the vagina, and the nature of the complaint may not be ascertained: yet, if upon a return to the use of astringent injections there should be an augmentation of pain, it will be prudent to act as if such disease was known to exist. By such conduct no harm can be done: from the reverse much mischief may ensue.

Women who do not manage the syringe dexterously sometimes affirm, that their complaints have increased after the employment of an injection, even when warm water only has been injected. In such cases it may reasonably be suspected, either that the instrument employed has been badly constructed, or that the woman has not used sufficient caution in the introduction of it. This should be enquired into ; and the practitioner should instruct the patient in the best mode of using it, and not hastily give up a remedy which, if judiciously used, will add much to her comfort.

CHAPTER XIV.

Carcinoma Uteri.

THE disease which has been last described as attacking the rectum, exists much more frequently in the uterus : and although, in the commencement, there will be marks distinguishing the two diseases from each other ; yet, in the latter stages, both are attended by similar symptoms, both commit the same ravages upon the neighbouring parts, and both are equally fatal.

In Dr. Baillie's excellent work on Morbid Anatomy are given three plates : one containing two figures of scirrhus enlargement of the uterus, which disease sometimes acquires a very considerable size, so as to become as large as the uterus at the sixth month ; and this (he says) is very little liable to ulcerate.* A second, containing two

* The author has never met with a case in which ulceration has taken place in this kind of tumour ; in-

figures of fleshy tubercle of the uterus: and the third plate containing three engravings of malignant ulcer of the uterus, which always begins at the cervix of the uterus, and which is very fatal.

There is an ulceration of the os uteri of a distinct kind from that just mentioned, although equally fatal. This will be described in a future part of this work, under the head of purulent discharges, by the name of the corroding ulcer of the os uteri.

The cases described by Dr. Baillie under the title of Scirrhus Uteri and Tubercle of the Uterus, the author means to consider together, under that of the Fleshy Tubercle

deed, Dr. Baillie's expression proves that this is very rare. In a conversation between Dr. Baillie and the author upon the subject of this passage in the work on morbid anatomy, the former remarked, that he had never known ulceration take place in the large tubercles of the body or fundus of the uterus; and that he employed the term "rarely," because it was in possibility, and might hereafter occur to others, though it had never done so in his own experience.

of the Uterus; for the uterus in both has tubercles, either arising from its surface externally or internally, or imbedded in its substance. In both, few, except mechanical symptoms, are present: in neither does ulceration take place. In both, the tubercles are found at a distance from the cervix of the uterus, and both sometimes continue for many years without producing much inconvenience.

The principal reason for classing the diseases in this way, is to enable a practitioner to know what to expect from the presence of certain symptoms and certain appearances, and to give such a prognostic as will be likely to be verified.

Carcinoma uteri is far more common than carcinoma recti, and cases of it occur very frequently in practice. Very young women are seldom the subjects of this disease. It for the most part attacks women of middle age, being attended by symptoms which are not very violent at first, but which, as in cases of carcinoma in

other parts of the body, become more distressing afterwards.

By carcinoma uteri is meant that disease where there is a tumour near to, or a thickening of, the cervix of the uterus, which tumour or thickening is disposed to ulcerate.

This disease attacks, in the first instance, the *cervix* of the uterus only, and the author lays great stress upon this observation. All other tumours, differently situated, although hard in their texture, (scirrhus as they have been called,) are of a different character, have different symptoms and terminations. In the dead body they may have some resemblance to carcinoma, but they are never found ulcerated. Inflammation may take place in or near them, and matter may form; but when the first takes place, they suppurate from their centre, and not from their surface; and when they appear to ulcerate upon the surface, it will probably be found that the ulceration is confined to the parts in the im-

mediate neighbourhood, upon which pressure has been made by the tumour itself.

Carcinoma particularly affects glandular parts; and the cervix of the uterus being the most glandular part of the organ, is probably the reason why it becomes more liable to this disease than any other part of this viscus.*

When carcinomatous tumours are cut through with a knife, they offer a good deal of resistance, and appear sometimes as hard as cartilage. The cut surface presents an appearance of white lines, which run pretty regularly with regard to each other, but the directions of which vary according to the shape of the tumour.†

Tumours with irregular surfaces are liable to become active, or to ~~roll~~ forth action in

peall

* “Etsi cancer etiam ipsi uteri substantiæ accidere potest, tamen hoc rarius accidit, et vix tum satis cognoscitur, multo minus curatur; frequenter vero in cervice uteri generatur, quâpropter hoc loco de eo agemus: isque nunc est sine ulcere, nunc exulceratus.” — Sennertus, lib. iv. de Morbis Mulierum, cap. 11.

† Vide Dr. Baillie's Morbid Anatomy.

parts in their vicinity; and this latter circumstance may depend upon the inequality of the pressure made by them: but all tumours having unequal surfaces are not necessarily of this kind, and certainly are not, when distant from the *cervix* of the uterus. The fleshy tubercle of the uterus has not uncommonly a ragged surface; but this tumour never ulcerates.

Tumours of a large size have frequently been called scirrhus, because they are hard in their texture; but the true carcinoma seldom becomes very large. In the collection belonging to the author, there is a tumour of the uterus of a very hard structure, which weighed fourteen pounds*: but such tumours do not possess, even in their advanced stages, the character of cancer; neither are they attended in their early state by the symptoms characterizing carcinoma, nor by those corresponding changes of structure in the neighbouring parts by which that disease is attended.

* A section of this tumour is preserved in the Museum in Windmill-street.

Whenever slow inflammation takes place and continues in a part of firm texture, which inflammation does not terminate in abscess, an extravasation of coagulating lymph takes place into the cellular membrane, increasing the hardness of the part during life, and causing the appearance of white lines or bands after death. If filaments of nerves become involved in such a state of altered structure, occasional pain will be produced; but it by no means follows that such a disease is carcinomatous, that is, that ulceration will take place. Such a change most frequently happens when glands have taken on this change of structure: but it is to be observed, that when such a disease attacks muscles, or cellular membrane, (as is sometimes the case in consequence of blows,) or the "*muscular structure*" of the uterus, such a tumour undergoes no change, except an increase of bulk; and, excepting in some cases where violent accidental injury is done to the part, or an ill-advised operation performed, never assumes a more malignant character. White bands or lines are found, it appears,

in all cases of true carcinoma: but the existence of these white bands or lines in tumours does not prove that the disease could or would have taken on malignant ulceration.

Two varieties of this disease are to be observed in the early stage.

1. There is a firm tumour, of a rounded form, springing from the surface of the cervix uteri, or imbedded in it, whilst the other parts of the uterus are perfectly healthy, except that its parietes are thickened as the disease advances, and that its cavity becomes larger than that of a healthy unimpregnated uterus.

2. Instead of any distinct tumour, the whole of the cervix of the uterus becomes larger and harder; and if this thickened part is examined after death by cutting into it, it puts on the same appearance which a true carcinomatous tumour possesses.

The two cases proceed differently. In addition to the usual symptoms of carcinoma, there will frequently be found in the first variety of the disease some mechanical symptoms depending on the pressure made by the tumour upon the neighbouring parts; which symptoms will be more or less severe, according to the size and situation of the tumour itself.

In the second variety of the disease, these symptoms seldom exist; because the carcinomatous thickening of the cervix uteri rarely acquires a sufficient size to produce them.

In women who live temperately, the disease may continue for a long time without producing many symptoms, if any judgment can be formed from the cases of patients who apply for medical aid on account of symptoms under which they have not long laboured. On examination, there is often found in such women a considerable alteration in the structure of the parts, which most probably could not have

happened in a short time. The examinations made from time to time of patients labouring under this disease who will consent to follow a proper regimen, perpetually demonstrate the very trifling change which will take place in the complaint, even in the course of many years.

There is reason to believe that carcinomatous tumours make a very rapid progress when any violence has been done to them, as the following case will show. A woman, about the age of forty, fell into labour; the head of the child presented; and little progress being made, a consultation was thought necessary, and the author was desired to see her. Upon examination, the os uteri was found dilated to the size of a half-crown, the cervix of the uterus was greatly thickened in every part, and felt like cartilage; and the least pressure caused considerable pain. Upon inquiry, it appeared that the woman had been liable, during the latter part of her pregnancy, to a profuse discharge of mucus, and to occasional attacks of pain in the

lower part of the abdomen. Two days elapsed before the os uteri was completely dilated, and the dilatation was performed with greater suffering than usual. The head of the child at length passed through it. After the labour, the pain and discharge were greatly increased, and the woman died in a few days. Upon examining the cavity of the abdomen after death, the body of the uterus was found contracted as much as is usual at the same period of time after delivery; but the cervix was very much thickened, and ulceration had commenced.* It is to be presumed, that the disease formed after the commencement of the pregnancy, and that it became more active in consequence of the violence done to it in labour. Comparing this case with others in the progress of which occasional examinations are made, it is probable that it must have proceeded with great rapidity.

A sense of weight in the vagina is a

* The parts are preserved in the collection of the author, through the kindness of Mr. Fernandez, of Red Lion Street.

symptom attending all tumours which are moveable in the pelvis, when they have become large. This, however, is so frequently felt on less important occasions, that unless it is accompanied by other symptoms, it is often disregarded.

A mucous discharge from the vagina is a very constant attendant upon the complaint; and the local evacuation may in some measure check the progress of the disorder, by relieving the fulness of the vessels of the part affected.

This mucous discharge is sometimes tinged with blood, and particularly when the patient indulges in eating and drinking, or where the food taken has been of a stimulating quality. If the woman uses much exercise, pure blood sometimes comes away in such large quantity as to produce great weakness, and occasionally syncope to an alarming extent. Generally, whilst there are discharges of blood in moderate quantity, the tumour remains almost stationary, increasing little in size, and producing little

or no uneasiness. The author has seen many instances of women, labouring under a diseased uterus attended by distressing symptoms, who, after having been attacked by large bloody discharges, so as to make them faint in any other than the horizontal posture, and to bring on general anasarca, have continued free from every symptom of the specific disease for many months. In some instances where the woman has died, it has been from weakness and the dropsical symptoms, and not from the symptoms belonging to the original disease. This is the reason why many cases of menorrhagia ending in dropsy are unmanageable; because they depend upon organic disease of the uterus, which is never perhaps known, or if known, baffles the art of medicine.

In carcinoma uteri, if menstruation has not ceased, it becomes for the most part irregular, and frequently very profuse.

The mechanical symptoms produced by other tumours in the pelvis sometimes attend

carcinoma ; but the patient seldom suffers much from them, since the size of the carcinomatous tumour is not often sufficiently large to call them forth. Œdema of the lower extremities sometimes attends ; this is not generally the effect of pressure upon the trunks of the absorbents ; as it does not appear until the frame has been much weakened by the long continuance of the disease, and it is to be regarded as a manifestation of a tendency to dropsy.

Difficulty of passing urine rarely occurs in this complaint ; but strangury, arising from the consent between the uterus and the bladder, is seldom wanting. In some instances it accompanies the disease from the beginning, but in others it ushers in the symptoms which immediately precede the conversion of the disease into the state of ulceration.

The inner membrane of the bladder is found to secrete, in some cases, a larger quantity of transparent mucus, which comes away with the urine, and falls to the bottom

of the urinal. This symptom frequently calls the attention of the practitioner from the real, to the supposed seat of the complaint.

The seat and the course of the pain, resembling the passage of a calculus from the kidney to the bladder, have led to a confirmation of the error: and in some instances the false opinion has been farther strengthened by another symptom which attends both diseases; namely, urticaria or nettle-rash.

This disease of the skin originates in the presence of acid, or other sources of irritation, in the stomach and intestinal canal; and it may be produced by the food taken, by a want of tone in the stomach, by a deficiency of the biliary secretion, or by sympathy between the uterus and the stomach.

Cardialgia, or heartburn, arising from the same causes, becomes sometimes also very troublesome to the patient.

If the delicacy of the patient should prevent her mentioning the symptoms belonging to the sexual organs, if she objects to an examination, or if the practitioner is content to prescribe for the patient without ascertaining the nature of the disease, it is probable that the medicines directed will consist of alkalies, bitters, tonics, and aromatics: it is also likely that mercury may be given, to increase the biliary secretion. Such a mode of practice cannot fail to aggravate the symptoms, and to accelerate the progress of the disease, by increasing the activity and the strength of the circulation.

A woman, about thirty-five years of age, who had experienced for some time constant pain in her groins and a mucous discharge from the vagina, whose stomach was weak, and who was much distressed by hysterical symptoms, consulted a practitioner, who recommended that she should take five grains of pilula hydrargyri at bedtime, and twice in the course of the day a cupful of chamomile tea. She pursued

this plan for more than a fortnight, at the end of which time she became worse ; the discharge increased, and the hysterical feelings were unabated. When the author was consulted, the seat of the disease induced him to make an examination, when there was found a thickened state of the cervix of the uterus, which was tender to the touch. A horizontal posture, the injection of tepid water into the vagina, and small doses of saline purgatives, after some time relieved the complaints, which were only symptomatic of the disease of the uterus.

Even in the early stages of this disease, the stomach will be liable to be, in some degree, affected ; though the more severe affections of this organ do not generally attack the patient till the ulcerating stage has commenced. The stomach is much more disposed to be affected in some cases than in others ; and a mild degree of the disease will strongly excite the sympathy of the stomach in one patient, whilst in another it will hardly be brought on by the

most violent forms of the disorder. As in hernia, so in carcinoma uteri, the sympathetic action is occasionally more distressing to the patient than the disease itself.

The functions of the stomach having been once disturbed by its sympathy with the disease of the uterus, the process of digestion becomes interrupted; vomiting spontaneously arises, or is artificially produced to relieve the sense of weight and oppression, and the patient thus experiences temporary relief from the symptoms which spring immediately from the loaded state of the stomach. The relief thus obtained conceals from the view of the patient, and often from that of the practitioner, the true cause of the malady, which insidiously proceeds to that stage over which the resources of the art of medicine can exercise but little controul. The means usually resorted to in cases of dyspepsia not unfrequently aggravate the original complaint, to counteract which every effort should be directed. One advantage only arises to the patient from such a misconception;

namely, that she gives to her complaint the familiar name of "*bilious*," and thus is kept in ignorance of her real unhappy situation.

Upon an examination, if the disease should be carcinoma, the cervix of the uterus will either be found thickened, and giving to the finger a sensation as if gristle were pressed; or a distinct tumour will be perceived arising from some part of the cervix uteri, the other parts remaining healthy. In either case, pressure upon the diseased parts produces pain of a lancinating kind.

The os uteri will be found also to have undergone a change. It becomes larger than natural, still however retaining its original shape. This open or gaping state of the os uteri sometimes is sufficient to admit the extremity of a finger, which, when introduced into it, feels as if surrounded by a firm ring. The parts will sometimes have undergone all the changes of structure above related when no local

symptoms have been apparent, and when the disease has only been ascertained by an examination, suggested by the failure of remedies in relieving the supposed disease of the stomach or kidney.

It is unusual for patients to be cut off during the carcinomatous state of the disease: when, however, this does happen, it is from the excessive discharges of blood bringing on a dangerous degree of debility.

CHAPTER XV.

Treatment of Carcinoma Uteri.

IN the case of patients who labour under this disease, the objects contained in the last chapter are to be constantly kept in view.

There is a disease of importance in an internal part, producing symptoms, some of which are local, whilst others depend upon the sympathy between the part affected and parts at a distance. These symptoms are seldom dangerous, but they are very distressing to the patient.

This local disease may remain stationary, or it may have its symptoms alleviated, so that the patient's life may be prolonged and her comforts increased; or it may be converted into another form, in which the constitution may be affected, either by the

absorption of matter, or by an extension of the disease to neighbouring parts, in which case all the original symptoms will be aggravated, and many which are new and dangerous will be produced.

Much regard is likewise to be paid to the constitution of the patient in the management of this complaint. If the system is plethoric, some blood should be taken from the arm, the quantity being regulated by the circumstances existing at the time. This is done to diminish the force and the frequency of the circulation. Sennertus recommends bleeding in this case, but for another reason : “ *Nimirum si sanguis simul peccat, is cum ex venâ in cubito, tum in crure et pede, apertâ evacuendus.* ” — Sennertus, de Uteri Scirrho et Cancro. This observant practitioner doubtless knew the value of the remedy, though he explained its action in a different way.

Blood may also be taken away from the hypogastric region or from the loins, by cupping or by leeches ; and from time to

time, upon any increase of uneasiness, this operation should be resorted to ; since the most watchful attention must be given to this disease, when it is proved to exist, as long as the woman lives.

The relief produced by topical blood-letting is great, and often immediately felt : blood is generally procured more easily when the cupping-glasses are applied to the back, than when they are placed upon the abdomen. Nevertheless when blood can be procured in sufficient quantity from the lower part of the abdomen, it will be proper to direct that it should be so taken, especially when cupping on the back has failed to produce the expected advantage.

Leeches applied to the verge of the anus, or within the labia, are, in some cases, of great advantage.

In a work published by the late Dr. Gooch, (a man, the simplicity of whose manners was equalled by the fairness of his conduct, and by the intelligence of his

mind,) some very useful observations are offered upon the improper extent to which blood-letting in such cases has been sometimes carried. The work is well worth the perusal of practitioners, especially of those whose experience is not equal to their zeal. That blood-letting has been carried to too great an extent in many cases cannot be denied; and that too much reliance has been placed upon it. Whoever sets out with thinking that he can cure a carcinomatous tumour, because it is constituted by a deposit of coagulating lymph, which is the effect of increased action of blood-vessels, by bleeding, will find himself egregiously disappointed: and if, finding that the symptoms do not yield to the moderate use of the remedy, he considers that the failure is owing to his forbearance in the application of it, and is led to pursue it yet farther, he may live to lament his misconception, and his error, when it may be too late; when the powers of the constitution shall have been exhausted, and the patient involved in a danger different in kind, but equal in importance; when anasarca shall

have been produced, and that formidable train of symptoms, syncope, palpitation, shortness of breathing, and entire destruction of the functions of the stomach.

Similar censures may be passed upon the imprudent use of blood-letting in many other cases, especially in very infirm, very old, or very young persons, even when the subject of inflammatory disease. In peripneumony in children, one large blood-letting, or a single repetition of it, will generally extinguish the disease ; but a continuance of the measure may be quickly followed by an entire change in all the attendant symptoms — short and rapid breathing may ensue ; the countenance may become pasty, a cold sweat overspreading the body, and the physician will be called in time only to witness his patient a corpse. In very old persons, particularly in such as have passed their lives in labour or in intemperance, the arteries of the body will have undergone a change of structure which will give hardness to the pulse ; so that here a most important indication cannot be relied upon,

and the last quantity of blood taken may prove at the same time the removal of the disease and the destruction of the patient. Another circumstance deserving great attention, where frequent or large bleeding is called for, is thirst. Now thirst, it should be recollected, is not only a symptom of fever or of inflammatory action, in which the secretions are interrupted, but it is the necessary consequence of the diminished quantity of circulating blood not leaving sufficient for the purposes of secretion. Whoever has attended to cases of hemorrhage, must have seen the avidity with which fluids are secreted, and how rapidly, too, they are taken into the blood to repair the loss. Let the practitioner, then, beware of trusting to the pulse and the tongue wholly as his guide; let him attend to the description of the patient as to the degree of pain in parts out of the reach of his hand; let him observe what is the effect of pressure made upon the inflamed part, where the seat of the disease is within reach, as in peritonitis, or inflammation of the abdominal viscera. Let him pause rather than press

on : and, although an opiate, given at the early stage, may conceal the symptoms, blind the practitioner, and produce effects the most mischievous, let the interval of hesitation be employed, at a more advanced period, in the administration of an opiate.

Purging is of essential service, and should never be omitted. For this purpose some saline purgatives should be chosen ; as *magnesiæ sulphas*, *potassæ tartras*, *sodæ sulphas*, or *soda tartarizata*. Whichsoever of these may be employed, it should be dissolved in a large quantity of some watery menstruum ; and by means of it a permanent increased secretion from the intestinal glands should be kept up.

When saline purgatives do not agree with the stomach, but excite vomiting, an additional quantity of acid may be given with them ; thus, to a dose of sulphate of magnesia, eight or ten drops of diluted sulphuric acid may be added advantageously.*

* *Sodæ phosphas*, first recommended by Dr. George Pearson, (being nearly tasteless,) is a useful medicine in cases where other saline purgatives would be rejected.

No attempt should be made to restrain the mucous discharge; but if it should be secreted in large quantity, it should be frequently washed away, by injecting tepid water into the vagina. The heat of the water should be accurately regulated: if it is employed too cold, the secretion from the parts will be greatly checked by it; and if too hot, increased action of the local vessels will be excited. The temperature may vary from eighty-six to ninety-four degrees of Fahrenheit, according to the sensations of the patient. The frequent ablution of the part renders it less necessary for the woman to take any precautions for absorbing the discharge, which means generally tend to heat the parts, and must be hurtful. Many women when they wear a napkin are liable to discharges, from which they are wholly free when without one. The water should be injected by a female syringe several times in a day. If the woman continues to menstruate, the temperature of the water should be nearly that of the body at the periods of the discharge, lest the latter should be checked.

The woman should be clothed warmly : First, because if there is much blood upon the surface, less will circulate in the interior of the body : and, secondly, because the chance of inflammatory action being produced, by any sudden change of temperature to which the body may be exposed, will be diminished, and the uterus will be less likely to suffer. Every day's experience presents instances of visceral diseases being produced by cold in the first instance ; and many cases occur where this cause will reproduce the symptoms, after they have been for a considerable time quiescent.

All local stimuli should of course be avoided. The sexual intercourse must therefore be improper.

The necessity for abstemiousness in diet should be strongly inculcated : no animal food should be allowed ; fish, however, is less objectionable than any other. No wine or spices should be mixed with the food, which should be as plain and as little heating as possible.

The quantity of the food taken should be moderate; lest, not being digested, it should disturb the functions of the alimentary canal, and become the cause of fever; or lest, being digested, it should add to the quantity of blood, and improperly increase the vigour of the system.

It has been observed above, that urticaria is not an uncommon attendant upon this disease, from the sympathy between the uterus and the stomach. Whenever there is a disposition to this complaint, it will be increased by vegetable matter taken into the stomach.

Urticaria very often excites great irritation in the system, and increases the frequency of the pulse; on both of which accounts measures should be taken to relieve it. External applications do no good: the author has seen sedative lotions used without any effect, and unctuous applications rather increase than diminish the irritation. All those internal medicines which have the character of cooling and allaying irritability,

will be found to be injurious, or at least inefficacious when urticaria is present: such are nitre, saline draughts, antimony, saline purgatives, and opium.

The patient should by no means be kept in bed.

The mode of treating urticaria is to empty the bowels by a purgative of rhubarb, carbonate of magnesia, compound spirit of ammonia, and peppermint water. Afterwards, some light bitter infusion should be given, three times in twenty-four hours, as *infusum gentianæ comp.*, *infusum calumbæ*, or *infusum humuli*. To any of these may be added a few grains of subcarbonate of soda or of potash, and a drachm or two of some aromatic water.

If a constipated state of bowels should render any farther opening medicine necessary, some magnesia may be added to each draught.

Water containing supercarbonate of soda may be given as common beverage with

great advantage. During the continuance of this plan, the quality of the food must be a little changed. Very small quantities of animal food may be allowed once a day; and nothing should be taken into the stomach which is likely to run into the acetous fermentation. — The following case will show the necessity of attending to the state of the stomach, in diseases of the uterus which are disposed to become active.

An unmarried lady, about thirty years of age, had an enlarged uterus, in which, at different times, inflammation had taken place, which was subdued by local bleeding, purging, abstemiousness, and quiet. Some time after she had pursued this plan in the country, she came to the house of her father in London, and was attacked with cardialgia and urticaria to a very great degree. The skin in many parts of the body was attacked by the latter disease, but especially the face and the lower part of the abdomen. Considerable itching was present, accompanied by irritability of the whole system. The disease of the uterus also, which had

been in a quiet state during several months, returned with great violence. Local bleedings in some degree lessened the pain: purging with neutral salts increased the urticaria. Nearly all vegetable food was abstained from: she took nothing but soda water and mint tea for beverage, with a little thin dry toast for food. Once in four hours a draught was exhibited, consisting of carbonate of magnesia, compound spirit of ammonia, and an infusion of dill seed. Under this plan all the symptoms subsided, and the uterine disease at that time gave no farther alarm.

During some months this lady continued well; but, having at supper eaten freely of fruit pye, and drunk at the same time some sweet wine, the urticaria returned in the night, and with it the pain in the region of the uterus. Some bitter infusion, with rhubarb and volatile alkali, was now given, and soda water for common drink; and again all was put to rights. She now carefully avoids such food as is likely readily to ferment; and, watching the first attack of heartburn,

has not for some time been visited by her troublesome complaint. Sixteen years have now elapsed since this case came under the author's observation ; the patient is now living, and enjoys a better state of health than when the symptoms first presented themselves. Inflammatory action, having been subdued by active means at the beginning, has not since returned.

If discharges of blood should take place, the patient should be kept in a horizontal posture, and the case should be attentively watched. If the quantity of the discharge should be moderate, it should be recollected that it is the effect of the increased action, and of the fulness of the vessels of the neighbouring parts, which may be carried off by it: it ought not therefore to be hastily checked. But if the quantity of blood lost should be so considerable as to be immediately hazardous, or to lay the foundation of future danger, it should be restrained by the usual means employed for the restriction of hemorrhage ; such as the application of cold and local astringents to the parts.

In the management of carcinoma uteri, the observation and regulation of the discharges which come away in the course of it require great attention.

Iron has been recommended by some practitioners as a remedy for this disease; but the author has not seen any good effects produced by its use. In some hard scrofulous tumours, and also in some foul ulcerations of the skin supposed to be cancerous, it has been useful; but in carcinoma it is very doubtful whether its exhibition has ever been productive of advantage. When the author has given this medicine, or seen it exhibited by the direction of others, in cases of carcinoma, it has produced injurious effects, by increasing pain, and, in some instances, the quantity of blood discharged: the preparations used were the ferri carbonas, ferrum ammoniatum, and the tinctura ferri muriatis.

In treating this disease, as no cure is known for it,* the practitioner must be sa-

* As it may be expected in this place that some notice

tisfied with palliatives, and not be anxious to restore the vigour of the body which

should be taken of the operation of removing the uterus, when in situ, a subject which has engaged much of the attention of practitioners, it will be fitting to observe that the author cannot consider it a justifiable proceeding in any stage of this complaint. The most humane motives having led to the proposal of it, some of the most humane professors of the art of physic and surgery have recommended and performed it; and there have not been wanting others possessing little experience, and less reflection, who have heedlessly considered the operation as deserving of confidence as that of the removal of malignant tumours of the breast, and of other parts. In one point of view, perhaps, this opinion may be correct; but, is it certain that the operation of the removal of such tumours ought to be frequently resorted to? Let the experience of surgeons who have been long in practice, and whose opportunities of judging have been ample, answer this question. In consultation with such men, it will generally be found that they are adverse to a proposal for removal. The author has no hesitation in avowing, that could he have foreseen the consequences of several such cases in his own practice, he would not have recommended an operation. It may be urged, that in many instances the patient has not only recovered, but that there has been no disposition in the disease to return. But it may be demanded in reply, whether the tumours extirpated were certainly of a malignant character: if they were not so, the measure

might aggravate the disease again. Still, let it be recollected, that by a strict atten-

was uncalled for; if the contrary, much doubt would at least hang over the result. Detached and moveable tumours in the cellular membrane, or arising from the surfaces of bones, are such as, *cæteris paribus*, are the least likely to return after removal; whereas those in which the structure of glands is concerned, or when the skin is involved in the disease, appear to be the most prone to present unfavourable symptoms after removal: and, if this assumption be founded in fact, much caution becomes necessary in weighing well every circumstance of the case before the adoption of a practice which involves so deeply the life of a fellow-creature. How long a time may cases, even the most unfavourable, be kept in a quiescent state by judicious measures; by soothing applications to the part affected; by improving the state of the constitution, when practicable; by allaying irritation; by the regulation of the diet and habits of the patient in all cases! If the extirpation of tumours of a questionable character, even when situated near to the surface, be an operation of present pain and of doubtful result, how much more so must be the removal of an internal organ out of sight, the greater part of which is out of reach, closely connected with the bladder, in the immediate vicinity of the rectum, and surrounded by large blood vessels and nerves! Such is the situation of the uterus. Superadded to all these considerations, is the ulceration of the part affected; — that very circumstance which would almost always deter a

tion to management, and an unwearied perseverance in the means suggested, all the cases of the complaint may be relieved; in many, the farther enlargement of the tumour, or progress of the thickening, may be prevented; and if the author was not afraid of deceiving himself, or of deceiving others, he would venture to express a belief that in a few instances the disease has altogether subsided. This surmise he offers with great diffidence. Perhaps the enlargement in the cases which have given rise to it was not of the true carcinomatous kind; perhaps the tumefaction arose from common inflammation of the part, attended by serous effusion into the cellular structure surrounding it. Possibly the fulness of the part might have been caused by a mere congestion taking place in the blood-vessels of the uterus. Certain, however, it is, that some cases have come to the knowledge of the author, and others have

surgeon from an operation even in a superficial part. Before ulceration has commenced, no operation of the kind above mentioned can be warrantable, as very many cases of this kind never run into ulceration at all.

occurred in his own practice, in which an enlargement of the cervix of the uterus, ascertained by examination, has disappeared, and together with it the symptoms connected with it.

If such cases were, in truth, carcinomatous, (and that they were so was the opinion of the practitioner,) the knowledge of them must afford a great consolation to persons suffering under so dreadful a malady, and must act as an incentive to the employment of a mode of treatment suggested by reason, and confirmed by experience: a mode of treatment, which, to say the least of it, has a manifest tendency to retard the progress of the disorder, and to prevent its conversion into ulceration.

The horizontal position has been recommended in the foregoing pages as proper when hemorrhage attends the complaint: but it has also formed an important assistant in the treatment of those cases which have proceeded most happily. Nor is this to be wondered at, since it must be obvious

that the supply of blood to the organ must be retarded, and the return of blood from it facilitated by the recumbent position of the body. The circulation generally also becomes more tranquil when the body is at rest.

The virtues of sarsaparilla are but little known; the advantages to be expected from it very doubtful; and its mode of action wholly unknown. That it possesses highly useful properties in many cases in which other medicines fail to produce any beneficial effect, the experience of some of the most eminent physicians and surgeons proves. The employment of it in very large quantities, and at a great expense, in many of the public hospitals in this metropolis, is a further proof of its efficacy, or surely it would not be so employed. That its effects are very uncertain, every one must acknowledge; but the author is informed that no drug is more frequently imitated and adulterated, and the usual form of decoction is too frequently carelessly prepared. This medicine has, however, appeared to pro-

duce a decidedly good effect in several cases of thickening of parts in which it has been exhibited, and it ought to be employed in substance, or in a well-prepared decoction; if in substance, not less than an ounce should be taken daily; if in decoction, four ounces may be taken three times in the twenty-four hours.

A lady about thirty years of age had a tumour arising from the cavity of the left nostril of so large a size as to enlarge the nose considerably. It was firm to the touch, painful, and attended with throbbing, and with head-ache. A large consultation, consisting of Mr. Cline, Sir Astley Cooper, Mr. Abernethy, and the author, was summoned, and it was determined that the tumour should be touched with kali purum frequently, and that small quantities of pil. hydrarg. should be given occasionally, great attention being paid to the digestive organs. This plan was pursued for some time. The part of the tumour to which the kali purum was applied, was destroyed by it, but the old surface regenerated a new

tumour. Another consultation was held; the plan was altered, and, notwithstanding, the disease increased, and the patient's health gave way. She was then desired to take powder of sarsaparilla, in the quantity of an ounce daily. In less than a month the tumour lessened, it was eventually absorbed, an adhesion formed between the surfaces of the ulcerated nostril, leaving a small opening only; and no return of the complaint has taken place, although it is now two years since the commencement of the plan; during nearly the whole of which time the lady has continued to take the remedy in smaller doses, habit having so far familiarised her to the medicine that she has no dislike to it.

A married lady, about forty years of age, fell under the care of Mr. Pennington and the author. On examination, a tumour was found at the back part of the cervix of the uterus, of the size of a pullet's egg; it was painful to the touch, and the usual symptoms of carcinoma, in its first stage, were present. The horizontal posture was

strictly enjoined, and followed; blood was taken from the sacrum repeatedly by cupping; the bowels were kept open by mild purgatives, and decoction of sarsaparilla was ordered to be taken with small doses of *extractum conii*.

Under a long continued course of such treatment the symptoms all ceased, the patient was enabled to join her family, which she was incapable of doing at first. The author has seen the patient very lately, nearly three years having elapsed since he was first consulted; she reports herself well, and has no reason to believe that any disease exists.

A widow lady, about forty-eight years of age, who had been a patient of Mr. Bond, at Brighton, was attacked with such symptoms as usually attend diseases of the uterus; in the cervix of which a tumour was found, on examination, as large as a French walnut. It was exceedingly tender to the touch, whether the finger was introduced into the vagina, or into the rectum.

The means employed in this case were, repeated cupping, abstinence from animal food, the recumbent position, (the upright position or exercise being always attended by considerable pain,) the exhibition of extractum conii, and soda, with the use of the hip-bath, and the occasional employment of mild aperients. After this treatment had been pursued during several months, the uterus was again examined, both by Mr. Bond and myself: this tumour had subsided, and the patient expressed very little pain when the former seat of it was pressed upon.

Some other similar cases could be recorded, with equally happy results.

CHAPTER XVI.

Polypus of the Uterus.

IN the disease which is next to be considered, the symptoms are of a mixed kind; such as would be naturally expected to arise out of the circumstance of both the uterus and the vagina being affected by it. The uterus gives rise to the tumour, which descends into the vagina, and there excites irritation, as well as all the other inconveniences which an extraneous body placed in the same situation would produce. Polypose tumours have been known to arise from all the cavities of the body which have external openings, although some of these cavities are more liable to them than others. The most usual seat of polypose tumours is the cavity of the nostrils, where, before they have acquired a large size, they will greatly impede the respiration, and after some time they will cause a great alteration in the appearance of the face; the cartilages of

the nostrils will be much distended, and sometimes the ossa nasi themselves displaced by them.

Polypus of the uterus is an insensible tumour attached to the internal part of this viscus by a small neck, forming a disease of a very important character.

These tumours are various, as to their appearance, shape, and degree of hardness. They are sometimes nearly white, at other times of a brown colour; they are sometimes very hard and resisting, in other cases so soft and yielding that they will not admit of the application of a ligature without breaking to pieces. Polypi of a hard kind will in some cases take on the form of the parts in which they lie: in the upper part of the nostrils, therefore they are flattened; when they descend as far as the cartilaginous part of the nose, (less restraint being laid upon them,) their diameter is increased. In polypus of the uterus, the neck of the tumour, which is surrounded by the os uteri, is contracted; it spreads out below, because it

has sufficient space for enlargement in the yielding vagina. — In the preparation from which the engraving of this disease is taken, a longitudinal indentation may be observed, the effect probably of the pressure which the meatus urinarius made upon the anterior part of it.

The soft polypus is by no means so frequent as the hard kind. The following case will demonstrate its very yielding nature.

A woman between the age of sixty and seventy laboured under all the symptoms of polypus of the uterus ; and, upon examination, a polypus in the vagina was detected, as large as a small orange, which, by the discharge occasioned by it, had produced great weakness. The operation was recommended, and was readily consented to. Mr. Maynard, surgeon in the 2d Regiment of Guards, saw this patient with the author. A ligature was passed into the vagina by means of a brass rod ; but, upon attempting to carry it round the neck of the tumour, a small piece of the tumour came away.

In different attempts the same thing happened. At length it was found to be impossible, from the softness of the tumour, to apply the ligature. By means of a finger, the tumour was brought away from the vagina, and, upon examination, it had much the appearance and texture of the cerebellum. — The preparation is preserved in the author's collection.

Single and married women are subject to polypus of the uterus. One of the largest tumours of this kind which the author removed, he met with in a single woman: the cavity of the pelvis was completely filled by it, and after it had been separated from its attachment, it could only be brought out of the vagina by means of a pair of midwifery forceps. Mr. Stone, surgeon to the Queen's Lying-in Hospital, assisted in the performance of the operation.

If a section is made of a polypose tumour, the appearance of the cut surface does not differ from that of the exterior of the tu-

mour. When a polypose tumour has acquired such a size as to fill the cavity of the uterus, the os uteri begins to dilate, so as to permit the descent of the tumour into the larger cavity of the vagina below. The author has in his possession a tumour of this kind which resembles in size the cavity of the unimpregnated uterus, (of course a very small one,) which nevertheless produced symptoms of great uterine irritation. These went off upon the removal of the tumour.

A polypus sometimes increases in bulk very slowly. The author had opportunities, in the course of several weeks, of examining the polypus last mentioned, which, during that period, had received very little addition to its size. In some cases, the cavity of the uterus will be greatly distended by the tumour, before the dilatation of the os uteri takes place. The tumour in some instances becomes so large as to fill the cavity of the pelvis: it is generally of a rounded form; but sometimes it is elongated, or flattened. In one case which the author met with, the

tumour was an inch and a half long, but the breadth of it did not exceed one third of an inch. — The preparation is preserved.

Nothing certain is known respecting the cause of these tumours: they arise sometimes in women otherwise healthy, whose uterus has suffered no violence.

The symptoms which attend the disease are, first, a mucous discharge in considerable quantity, mixed at different times with blood; and in some instances the constitution becomes debilitated to an extreme degree by this symptom before there is the least suspicion respecting the cause of it. Sometimes, instead of the mucous discharge being mixed with blood, large coagula of blood will be voided; and sometimes pieces of a ring-like form come away, produced by a small quantity of blood attaching itself to the surface of the tumour, and there coagulating: it at length slides off, and comes away. In other instances, the blood poured out becomes putrid in the vagina, and tinges the discharges of a brown colour,

rendering them at the same time very offensive. This foetor of the discharges induces in the mind of the patient, and sometimes of the practitioner, a belief that the disease is cancer; and this opinion is confirmed by the sickness which generally attends the disease.

The discharges from cancerous sores are foetid, if great attention is not paid to cleanliness: but foetor of the discharge is by no means peculiar to cancer; whenever blood is retained and becomes putrid, this circumstance must attend: and if such rings of blood form upon the surface of polypose tumours, as have been alluded to above, there will be a difficulty in their sliding over the lower part of the tumour, because it is generally larger than the upper part, or that nearest to its neck. In this manner may be explained the reason why the discharges are so generally and necessarily offensive in this disease.*

* " Quid tibi vis, mulier nigris dignissima barris?

Munera cur mihi, quidve tabellas

Mittis, nec firmo juveni, neque naris obesæ?

A sense of pressure and of bearing down are also found in this complaint ; and these symptoms are proportioned in degree to the size and weight of the tumour. Pain is likewise referred to the back and groins.

If the tumour should be large enough to fill the cavity of the pelvis, it may, by pressing upon the rectum, and upon the meatus urinarius, prevent the free evacuation both of fæces and of urine. Such cases are, however, uncommon. It more frequently happens that strangury attends the complaint, from the sympathy between the os uteri and the bladder.

The sympathy between the stomach and the uterus is sometimes excited, and frequent vomitings distress the patient exceedingly.

Namque sagacius unus odoror,
Polypus, an gravis hirsutis cubet hircus in alis,
Quam canis acer, ubi lateat sus."

HOR. lib. v. Carm. 12.

Here then, from one cause, are three symptoms producing great weakness; an increased secretion of mucus, hemorrhage, and vomiting, with derangement of the digestive powers, by which alone the strength can be recruited.

Whenever such symptoms as those just mentioned are present, it is the bounden duty of the practitioner consulted to make an examination per vaginam, to ascertain whether any organic disease exists. In the course of the year 1820, the author operated upon four cases of polypus of the uterus, the disease never having been suspected by the medical attendant. In two of the patients, dropsical symptoms had taken place to an alarming extent; but they ceased upon the removal of the tumour. All the patients recovered.

The true character of any disease of the internal organs can only be ascertained by an examination. This will discover an insensible tumour projecting through the os uteri, by which its neck is entirely en-

circled, so that the finger can be completely passed round it.

The only diseases which can be mistaken for polypus are an inverted uterus, and the cauliflower excrescence of the os uteri. The history of the case from its commencement, and the insensibility of polypus, will distinguish it from the first: besides which, unless the uterus is only partially inverted (a very rare occurrence), the tumour will not be encircled by the os uteri. The irregularity of the surface of the cauliflower excrescence, the circumstance of its originating from the substance of the os uteri, with a broad base, and not coming through it, and the watery discharge which attends this disease, will prevent the practitioner from confounding it with polypus.

There is, however, a tumour which has been looked upon and treated as polypus, which ought to be distinguished from it, on account of the prognostic to be given respecting its termination, and also because

it does not admit of the same successful mode of treatment as polypus.

This disease consists of a tumour, which is insensible, which has an unequal, ragged surface, which comes down from the cavity of the uterus into the vagina, surrounded by the os uteri, and without a narrow neck.

Upon an accurate examination, this tumour is found to be made up of a number of irregular portions, which lie parallel with each other.

In the examination of the bodies of patients who have died of this disease, which might be called "THE POLYPOID TUMOUR" of the uterus, the tumour will be found to arise from the whole internal surface of the uterus, and not from a small portion only, as is the case in true polypus.

All the symptoms of polypus uteri attend this complaint, and they at length will end in the destruction of the patient. In this disease the uterus undergoes a great degree

of enlargement, and its muscular sides become greatly thickened ; a change not usual in polypus, even when it is of a very large size.

In an exceedingly good work upon the subject of polypus of the uterus, written by M. Herbiniaux, a surgeon at Brussels, published in 1782*, an account is given of this disease (which had been mentioned before by Levret), in the *Mémoires de l'Académie*.†

* *Traité sur les Polypes de la Matrice.*

† “ Il naît quelquefois, tant dans la matrice que dans le vagin, des excrescences que M. Levret appelle *Vivaces*, qui ne doivent pas être confondues avec les polypes, puisqu’elles ne sont recouvertes d’aucune membrane, et qu’elles n’ont qu’un pédicule imparfait. Ces sont des espèces de champignons plus ou moins gros qui naissent à des points variqueux ou ulcérés dans ces organes, et dont la cause primitive les rend ordinairement incurables. M. Levret dit même, que comme il est presque impossible de parvenir à en détruire la cause immédiate, c’est peine inutile de travailler à les retrancher. Je suis assez de cet avis ; car quelques benignes qu’elles paroissent, on ne les a pas plutôt emportées par la ligature, qu’elles reviennent. Ces excrescences produisent peu de douleurs, et souvent aucunes ; les écoulemens sanieux en sont médiocres ; mais elles procurent des hémorragies fréquentes, qui tuent à la fin celles qui en sont affligées.

Polypus of the uterus admits of cure only by means of an operation, which consists of the application of a ligature round the neck of the tumour. If the true nature of the disease is not ascertained by an examination, if the practitioner is content with treating symptoms, the patient becomes gradually weaker, and at length dies from want of skill in her medical attendant ; as no medicine can be exhibited with the least prospect of advantage.

“ Cette espèce de tumeur ne vient pas seule, comme le polype utérin ; il en naît ordinairement plusieurs à la fois, qui sont distribués en même temps quelquefois dans la matrice et dans la vagin. Ces dernières sont faciles à reconnoître par le toucher ; mais on peut se méprendre facilement aux premières. Voici la meilleure methode, selon moi, pour les distinguer des polypes utérins. La tumeur est presque toujours dans la matrice, parceque son attache n'étant pas un pédicule, elle ne lui permet guere d'en sortir, surtout si elle naît aux environs du col de ce viscère. L'orifice de la matrice est plus ou moins ouvert, et la tumeur qui y réside intérieurement paroît au toucher molle et moins unié qu'un polype. La matrice est si volumineuse qu'elle forme tumeur à l'hypogastre, et durant toute la maladie cette tumeur extérieure est fort douloureuse, pendant que la Vivace, que l'on touche par l'orifice, ne l'est pas du tout.

In the author's notes, amongst several cases, in which he has successfully performed the operation for polypus, four are related, where the patients had been under the care of practitioners, who, without being at all acquainted with the complaint, prescribed for its effects. Two of the patients had tried blistering and bleeding; one had taken mercury; and all had undergone a variety of treatment in no respect adapted to the complaint which produced the mischief.*

The prognostic in cases of polypus of the uterus may generally be favourable, since the operation is not dangerous; and even where the debility induced is very considerable, the patient generally recovers. But this assertion applies only to the true polypus. The tumour which resembles it, and which has been described by Levret and by Herbiniaux by the name of "Vivace," although admitting of removal by the liga-

* These are not the same cases which are alluded to in page 260.

ture, is disposed to return ; other newly formed irregular portions shooting down into the vagina, with a rapidity of growth not belonging to polypus.

Several years ago the author saw a case of this kind with Dr. Turner, formerly physician to St. Thomas's Hospital. The operation was performed four times, and at each a tumour, weighing nearly two pounds, was removed. The patient at length sunk under peritonitis.

It is not here intended to prohibit the application of a ligature round such tumours : their size, and the inconveniences arising out of it, their disposition to become in part putrid, may render such removal advisable ; but the patient should be prepared for disappointment, and the friends should be made fully aware of the essential difference between the two diseases.

Polypus of the uterus has been separated in a few rare cases during the act of vomit-

ing, and thus the disease has been cured without operation. Probably in these cases the polypose tumour has been pushed during the efforts of vomiting out of the os externum; and, upon the retiring of the uterus, after the abdominal muscles have ceased to act upon it, the neck of the tumour has been broken. Such a favourable mode of cure is hardly to be expected; certainly not to be depended upon. Spontaneous vomiting may not arise, and it may be dangerous, in a debilitated state of the patient, to excite it by artificial means.

Previously to performing the operation, the rectum of the patient should be emptied by a glyster, or the intestinal canal may be cleared in its whole extent by a mild purgative. For a short time before the commencement of the operation, the patient should be kept in the upright posture, that the neck of the tumour may be more within reach.

As the tumour possesses different degrees of convexity in different cases, and as

the distance of its neck from the os externum is very various, the practitioner must be provided with two or three rods of different lengths, made of a flexible metal, so as to be capable of being adapted to the shape of the tumour. The author's brother, the late Dr. Clarke, contrived a brass rod, which, being received into a hollow handle, is capable of having its length altered as each case may require; and by this means the multiplication of instruments is rendered unnecessary.

A silver canula, of a length sufficient to reach from the neck of the tumour to the distance of an inch or an inch and a half from the os externum, should be prepared; and near the extremity which is to hang out of the external parts there should be placed two small shoulders, round which the ends of the ligature may be twisted. A sort of windlass has been recommended for this purpose in the canula; but this is quite unnecessary, and renders the instrument more complicated.

The ligature should be made of waxed silk, of such a thickness as neither to cut the neck of the tumour, nor to break, nor to block up the canula. In order to pass the ligature through the canula, a long piece of thin brass wire should be ready. This is absolutely necessary; because, when the ligature becomes slippery and pliable, it will not be possible to push it through the canula. The patient should be placed upon a bed. She should lie upon her left side, and her knees should be drawn up towards the abdomen. If the external parts should not be readily dilatable, they should be dilated. The forefinger of the practitioner's left hand (previously oiled) is now to be carried through the vagina to the neck of the tumour. The brass rod (previously prepared with the ligature, and its curvature adapted to the shape of the tumour,) is to be passed up by the right hand to that part of the neck of the tumour where the forefinger of the other hand is placed. The ligature is then to be secured by the finger, and the brass rod is to be carried carefully round the neck of the tumour, till it comes

to that part where the ligature was secured. The practitioner is now to secure also under his finger that part of the ligature which has been carried round the neck of the tumour, and the rod is to be carefully withdrawn. In some cases, it will be found more convenient to steady a part of the ligature with the rod, and to carry the other part of the ligature round the neck of the tumour with the finger. In doing this part of the operation, great care is to be taken not to include any part of the os uteri. Before the ligature is tightened, the patient is to be desired to inform the operator if she feels pain ; because, if the tumour only is included in the ligature, no pain will be felt.

The two extremities of the ligature which hang out of the os externum are now to be drawn through the canula, by the piece of wire (which had been previously doubled, and carried through the canula, so as to form a noose projecting from it), and, after the canula has been gently passed up to the neck of the tumour, they are to be drawn

tight, and are then to be twisted round the shoulders of the canula, where they are to be made secure. The ligature, therefore, should be long enough to encircle the neck of the tumour, to be carried through the canula, and a sufficient length of it should remain to be affixed to the shoulders of it. More than one ligature should always be prepared, lest that which is first used should become too slippery to be managed.

After threading the eye of the rod, one extremity of the ligature is to be twisted once or twice round the instrument, whilst the other hangs loose. The patient should be made acquainted with the shape and the situation of the instrument, which is to be left in the vagina, that it may not be liable to be moved when she gets up to make water. She is also to be desired to remain constantly upon her side, and should not be allowed to move from one side to the other, unless when the practitioner is present. From a want of attention to this caution, there is reason to believe that the canula has been inadvertently pressed

against, and its extremity pushed through the uterus of the patient, so as to occasion her death. — In the engraving given of the polypus canula, there may be seen a contrivance, by means of which this accident may be prevented. The canula is made of the same diameter from the one end to the other, and a spiral screw is cut upon it. To this spiral screw is adapted another screw, placed in the centre of a kind of shield, which (when the ligatures have been fastened) is to be placed in contact with the external parts. The shield in the plate is of a circular form; but in women who are corpulent it may be more convenient that its shape should be oval.

The patient is now to be left; and great care is to be taken by the nurse that the canula is not moved when the contents of the bladder are expelled.

Every day the practitioner is to examine the state of the ligature; and as often as it is found to be at all slack, it is to be tightened. The mode of tightening it requires

particular attention. If the canula should happen to be long, the practitioner should not hold the end of it whilst he tightens the ligature ; lest with the force used the ligature should cut through the neck of the tumour, and the other extremity of the canula should be suddenly and forcibly pushed by the left hand against the internal parts of the woman. In order to avoid this accident, the canula should be firmly held close to the external parts of the patient, which prevents the possibility of mischief being done. If the canula with a shield is employed, it is next to impossible that this accident should happen.

A syringe of warm water should be thrown into the vagina every day when the ligature is tightened, in order to wash away the putrid discharge.

The time at which the ligature will come away, will depend upon the thickness and firmness of the neck of the tumour, and the tightness with which the ligature is at first applied. The neck of the tumour some-

times is cut through in four days; sometimes ten or twelve days will elapse between the application of the ligature and the removal of the tumour; and occasionally the separation of the tumour will take up nearly three weeks, but this is an uncommon occurrence.

The neck of the tumour being destroyed, the tumour itself is to be brought away by the practitioner. This will be accomplished in some cases with ease, by one or two fingers introduced into the vagina. If the polypus is large, or the external parts contracted, a single blade of a pair of midwifery forceps, or a pair of stone forceps, may be used. If the size of the tumour should be such as not to be easily removed by these means, the crotchet may be fixed into it, and in this way it may be brought along. The palm of the hand should always be kept opposite to the beak of the instrument: so that if it should slip, the parts of the woman may not be injured by it.*

* When the tumour is of a very large size, particularly in single women, it may be advisable to divide

The cavity of the vagina should afterwards be cleansed by injecting some tepid water; and this should be repeated during several days.

The mucous and bloody discharge seldom continue long after the extraction of the polypus; but if any should remain after a week or ten days, some astringent injection should be repeatedly thrown into the vagina.

As the ligature is applied round the neck of the tumour, a part of the latter may remain between the ligature and the uterus. In consequence of the application of the ligature, this part putrefies and comes away mixed with the discharges. In one case in which the author extracted a polypus from

it carefully into two or three portions by a curved bistoury, previously to attempting the removal of it. The author looks back with some pain to a case of this kind, in which he was obliged to use much force to extract the loose polypus from an unmarried woman, peritonæal inflammation came on, which might possibly have been prevented.

the uterus, he found that the os uteri had nearly recovered its natural size at the end of five days from the time at which the ligature came away; at the end of fourteen days it was impossible to ascertain that any disease had existed in the parts; and upon the sixteenth day, the patient menstruated.

It has been recommended, after the application of the ligature, that the tumour should be cut off with the knife; but there does not appear to be any necessity for doing this, particularly as no harm arises to the patient from suffering it to remain till it falls off. Besides which, mischief might be done by a knife carried high into the vagina, and it is by no means certain that the tumour will not be more likely to return.*

* This separation of the polypus, by dividing its bond of attachment immediately after the application of the ligature, is very different from the division of it into smaller portions after the tumour has been detached. (See the note in the preceding page.) Even the latter practice can hardly ever be called for; and never unless there is reason to fear the consequences of

It sometimes happens, that the ligature and the canula fall out of the vagina when the practitioner is not with the patient ; for which event she should be prepared, lest this occurrence should create alarm. Whenever this happens, it is obvious that the neck of the tumour is destroyed.

The food of the patient should be simple, easy of digestion, and nutritious. If the bowels should be confined, a glyster of warm gruel may be thrown into the rectum. If the stomach should be irritable, a saline draught in a state of effervescence may be given, with a few drops of laudanum ; and if the patient should complain of pain from long confinement to the same posture, a sufficient dose of opium should be taken to procure rest.

The cause of the debility being removed,

violence to the parts. The bistoury, which should be set in a firm handle, need not be introduced far into the vagina, and the fingers of the left hand of the operator should always be placed between the knife and the vagina.

the patient generally quickly recovers her strength; but, as an auxiliary, a draught consisting of decoction of bark with sulphuric acid, may be taken three times in a day, or any other tonic which may appear more advisable.

In Dr. Gooch's work, polypus of the neck of the uterus is mentioned, producing the same symptoms as the ordinary polypus of the uterus, and requiring similar treatment. In this case, it is true that the tumour cannot be *encircled* by the os uteri. But it has been remarked above, that all cavities which have external openings are liable to polypus; and it is obvious that all such tumours producing such formidable symptoms should be removed. Dr. Gooch, however, deserves credit for calling the attention of practitioners to this circumstance; the author of the present work having neglected to mention such cases, although he had met with them.

CHAPTER XVII.

Fleshy Tubercle of the Uterus.

DR. WILLIAM HUNTER, who first described the true character of this disease, called it the Fleshy Tubercle. It is a hard, whitish tumour, sometimes nearly as firm as cartilage, situated sometimes upon the surface of the uterus, between the muscular and the peritonæal coat, sometimes projecting into the cavity of the uterus, and occasionally imbedded in its substance.

In some cases there is only one tumour; in others there are several. Their form differs very much: they are most commonly spherical or hemispherical, but sometimes they take on an irregular shape. When they project into the cavity of the uterus, their surface is smooth: the contrary is generally the case when they form upon the outer surface of the uterus, the tumour

having an irregular appearance. These tumours are sometimes not larger than a pea; sometimes they weigh several pounds, and occupy a great part of the cavity of the abdomen.

In general, when the tumour is large, the texture is less firm than when it is of a smaller size. It appears to be composed of distinct parts, connected by a close cellular membrane, the diseased tumour itself being opaque, and the connecting membrane more or less transparent. If coloured injection be thrown into the vessels of the uterus, so as to make the substance of the uterus quite red, none of it passes to the tumour of fleshy tubercle. In the collection of the late Mr. Abernethy, there is a very good preparation demonstrating this fact.

In examining a great number of preparations of this disease, the tumours were found to be situated at a distance from the *cervix* of the uterus. It sometimes happens that parts of these tumours are found ossified, or that small thin scales of bone are

interposed between the layers of which the tumour consists.

The fleshy tubercle of the uterus has been mistaken for hydrops ovarii, and for pregnancy: the first is an error of little importance, as both of these diseases have few except mechanical symptoms; and neither interfere with life, unless by pressing upon parts in their neighbourhood: however, the cases by careful examination may be generally distinguished. Although both tumours may be traced to the pelvis, and are circumscribed, the fleshy tubercle of the uterus is much more resisting than the cyst of an ovarian dropsy. In a drop-sical ovary, fluctuation may be felt by striking the abdomen gently with the hand; but no such fluctuation is felt in fleshy tubercle of the uterus.

It is only in the early stages of fleshy tubercle of the uterus that it can be mistaken for pregnancy; because when the tumour of pregnancy rises above the brim of the pelvis, the motion of the child may

be felt. The tumour of pregnancy after this time increases quickly; that of the fleshy tubercle slowly. The growth of the fleshy tubercle is always slow, having, in many instances, in the course of several years increased very little in bulk. Besides, if the tumour should have been felt for a longer time than is allotted to the period of uterogestation in woman, this becomes another diagnostic.

In pregnancy, the stomach becomes affected, and the breasts enlarge and are painful,—changes not occurring in tubercle of the uterus.

No dependence is to be placed upon the state of the menstruation; because in pregnancy coloured discharges occasionally take place, and in fleshy tubercle of the uterus the menstruation is sometimes wholly obstructed. The practitioner should always be upon his guard; and if in doubt, he should be cautious of offering an opinion.

Fleshy tubercle of the uterus is by no

means an uncommon disease, and it attacks women at all periods of life ; however, the author has never met with or heard of an instance of its occurrence before the twentieth year of age. Married and unmarried women are alike liable to the disorder.

These tumours have no disposition to ulcerate, neither does suppuration take place in the substance of them. Inflammation sometimes attacks the neighbouring parts, and this may proceed to the formation of matter ; but the tubercle remains the same.

The os uteri may at the same time be affected by the corroding ulcer ; but this is independent of the tubercle, which may be at a considerable distance from it, and have no tendency to inflammation.

In many cases of this malady, the appendages of the uterus are also found diseased ; and it is by no means uncommon to find dropsical tumours of the ovaria, or

of the broad ligaments, existing at the same time.*

Nothing is known respecting the cause of this disease.

An increased discharge of transparent mucus from the vagina attends many cases. The other symptoms are for the most part mechanical, such as would be produced by any other equally hard and large tumour in the same situation. At the commencement of the disease, a frequent disposition to make water and to empty the rectum becomes a source of great annoyance to the patient.

Retroversion of the uterus and suppression of urine may occur in this disease; and it may last for a long time if the growth of the tumour should be slow: it is obvious, that, in order to produce this symptom, the

* The author has several preparations showing the co-existence of fleshy tubercle with dropsy of the ovary. He also possesses one preparation in which fleshy tubercle, the corroding ulcer, and dropsy of the ovary are conjoined.

fundus of the uterus must be heavier than the cervix.

Cramp in one or both of the lower extremities, œdema of one or both feet, are symptoms attending those cases in which the sciatic nerve or trunks of the absorbents are pressed upon.

When the tumour becomes so large as to fill the cavity of the pelvis, there may be great difficulty in expelling the fæces, and a total inability of emptying the bladder. The weight of the tumour, and its pressure upon the parts at the lower aperture of the pelvis, will occasion a sense of bearing down; and this symptom will not be so much relieved by the horizontal posture, as in simple cases of procidentia arising from relaxation: by degrees the tumour accommodates itself to the parts in which it lies.

If an examination be made, a hard, large, resisting tumour may be felt; but the os uteri will have undergone no change: this opening will not gape as in carcinoma,

neither will the patient complain of pain when the tumour is pressed upon. The menstruation will be very variously affected; being sometimes regular; more frequently in very profuse quantity, or occurring with shorter intervals; and occasionally, though seldom, wholly obstructed.

The constitution is seldom affected; and when it is so, it is merely from the effects arising out of pressure made by the tumour upon other parts, or from hæmorrhage.

This disease does not appear to be influenced by medicines internally exhibited, or by external applications. If in the progress of it any symptoms should arise likely to interfere with the safety of the patient, they should be immediately attended to. Although no medicine can remove the tumour, there is reason to believe that these tumours have been spontaneously absorbed.*

* Since the publication of the former editions of this work the author has seen reason to doubt the truth of this sweeping assertion then made by him; and he takes blame to himself for having made it. The case

A lady had laboured for some time under a very profuse discharge of blood from the vagina. Upon an examination, a tumour, consisting of several irregular portions, was found descending into the vagina from the cavity of the uterus. A large tumour as big as a child's head could be felt through the parietes of the abdomen just above the pubis. Upon the surface of this tumour could be felt two smaller projections one of which was of the size of a man's fist, and the other twice this size. A variety of means were employed for the relief of this case for about two years; upon examining the abdomen at the end of this period, the tumours could not be discovered. At length the patient, worn out by pain and by discharge, died. Her body

which follows proves beyond a doubt, that the tumour designated fleshy tubercle may be absorbed naturally; and if so, it is by no means improbable that the curative process may be forwarded by a recourse to those measures with which art is furnished. The prudent practitioner will, nevertheless, not mislead his patient; neither will he hold out a certain prospect of advantage in a case in which, generally speaking, disease is much more likely to continue than to subside.

was examined in the presence of Sir Walter Farquhar, Mr. Chilver, and Dr. Clarke. The uterus was found as large as that of a woman at the end of the fifth month of pregnancy. Upon the anterior part of it, near the fundus, were found two small tumours as large as peas, which were probably the same tumours before felt, of the size above mentioned, as there was no other vestige of them. These tumours were of a hard and resisting nature, and were lying between the muscular part of the uterus and the peritonæum covering it.*

Cramp of the lower extremities in this disease may be diminished by certain changes of posture, which a knowledge of its causes will enable the practitioner to recommend. If the rectum should be filled with fæces, it should be emptied by glysters, assisted by purgatives which produce watery stools. This being done, more room will be made for the enlarged tumour of the

* Vide a paper by the late Dr. Clarke, in the Transactions of a Society for the Improvement of Medical and Surgical Knowledge, vol. iii.

uterus, and less pressure will be made upon the nerves and absorbents.

If the hollow of the sacrum should be filled by the tumour, and the rectum be compressed, advantage may arise from the introduction of a finger into the gut; by means of which, assisted, if necessary, by another in the vagina, the tumour may be very gently pushed up above the projecting angle of the sacrum. If this should succeed, it will immediately relieve all the symptoms; and the tumour, being once in the cavity of the abdomen, will probably no more descend into the pelvis. No violence should be used in making this attempt.

The author has succeeded in effecting this change of position in a lady who was incapable of making water in consequence of pressure made by the tumour upon the meatus urinarius. A catheter, which passed into the bladder with great difficulty before the attempt to push up the uterus was made, was afterwards introduced with so much ease that the nurse of the patient

was enabled to introduce the instrument. This was done twice a-day till the bladder had regained its tone, which it had lost by being over-distended; after which the patient was capable of making water herself.

Friction with liniments containing opium may be usefully employed in cases where much uneasiness is excited in the parts surrounding the tumour.

Above all things, the state of the bladder is to be attended to, and care should be taken to empty it by the catheter, if there should be retention of urine. An inability in making water is a much earlier symptom attending the disease than a difficulty of passing the fæces: therefore the practitioner should never fail to enquire into the quantity of urine voided even before any complaint is made of constipation. After the tumour has risen into the cavity of the abdomen, its pressure upon the upper part of the os pubis may produce a retention of urine. In such cases the patient will be capable of voiding small quantities occa-

sionally, if she lies upon her back the pelvis being raised a little from the bed.

Why inability of making water should come on before the woman becomes costive from pressure, and why, in some cases where the disease has acquired a large size, she never becomes costive at all, may be understood from considering the shape of the upper aperture of the female pelvis. It is of an oval form, and the long diameter is from side to side: consequently any tumour, the shape of which does not exactly correspond with this form, will (if it should be too large to enter the upper aperture of the pelvis) rest upon the upper and inner part of the os pubis, and the projecting angle of the sacrum. The sigmoid flexure of the colon terminating in the rectum, inclining towards the left side of the cavity of the pelvis, will thus lie secure from any pressure.

In drawing off the urine, the catheter should be curved very much before it is introduced, and it should be carried up

with its concave side towards the os pubis ; otherwise it will not pass into the cavity of the bladder, which is made by the tumour to lie more forward than the symphysis pubis. If the catheter so curved will not pass readily, no violence should be used, lest it should break, or lest injury should be done to the urinary passage by it, but the forefinger should be introduced into the vagina, and the tumour should be so raised that room may be made for the passage of the instrument between it and the os pubis. For want of due attention to all these circumstances, many practitioners have failed in drawing off the urine, which will rarely happen otherwise.

A flexible catheter may be tried, if the practitioner cannot succeed with the common instrument ; and if by no means the urine can be drawn off, the bladder must be punctured. The author never saw or heard of such a case ; but it is nevertheless possible.* It may be necessary, occa-

* The possibility of the occurrence demands that it should be noticed : but let not this observation lead to

sionally, to have recourse to those medicines which diminish irritability; but the proper moment for employing them, as well as the choice of that best adapted to the case, must be left to the discretion of the practitioner. Hyoscyamus may be considered in such cases a very valuable medicine; as, although its sedative powers are not very great, they will generally be sufficient for the purpose, and the medicine produces none of the astringent effects of

rashness in practice, which may call for reprehension, and lead to remorse. In looking back upon the treatment of many cases, the conscientious practitioner must have seen occasions in which he would have acted differently. In so uncertain a science as physic, this is not to be wondered at; but the reflection is not less painful. In cases where the operation of opening the head in labour has been performed by the author, not in consequence of disproportion between its size and that of the cavity of the pelvis, but when delivery was demanded for other reasons (as in cases of puerperal convulsions, when the head has not descended into the cavity of the pelvis, so as to admit safely of the application of the forceps), much uneasiness has afterwards arisen in his mind from the question whether the measure was absolutely called for: most painful is this feeling; and it should be avoided if possible.

the poppy tribe. Here it becomes necessary to caution the practitioner not to mistake the symptoms of peritonæal inflammation (which sometimes, though rarely, arise), for symptoms of irritation. If peritonæal inflammation should be produced in the progress of the disease, it will be marked by constant acute pain, increased by the pressure of the hand or by breathing; by a creamy whiteness of the tongue, which is nevertheless moist; by intense thirst; by a small, frequent, and sometimes hard pulse; and sometimes, but not always, by vomiting. The great remedy for this case is bleeding, which ought to be immediately performed. The blood should be taken from a large orifice in large quantity; and the operation should be repeated again and again, if necessary. The bowels being once emptied, the patient should take some medicine which will be likely to diffuse the circulation, to determine to the skin, and to allay irritation; such as small doses of antimonials with opium; or the pulvis ipecacuanhæ compos. may be taken, in the dose of four or five grains, in the form of

a pill (lest it should increase the sickness,) once in four or five hours, swallowing afterwards a saline draught made with lemon-juice and vegetable alkali. If the bowels should in the course of the disease require any farther opening medicine, the mildest should be chosen, or perhaps glysters only employed. The drink should be barley-water. Fomentations, the hip-bath, local bleeding, may also be called into use, if the symptoms should make them necessary.

Amongst the remedies which hold out a prospect of advantage in the cure of this complaint may be mentioned iodine. It may be exhibited internally in the form of tincture, in the dose of ten drops, gradually increased to a larger quantity. The external application of this medicine is also entitled to much of our regard: such a combination as the following is in common use, and a portion of the ointment equal to the size of a bean may be rubbed upon the lower part of the back or belly twice a day. The effects of iodine should be carefully watched: and it should be omitted

from time to time, if the circulation should be much excited. *

The injection of iced water into the rectum twice daily appears to have considerable effect in controlling the growth of fleshy tubercles, and in lessening the determination of blood to the uterus.

* R

Potassæ Hydriodati: ʒss.

Ung: Cetacei ʒi. Misce.

CHAPTER XVIII.

Verrucæ, or Warty Tumours, arising from the Vestibulum.

WARTY tumours not uncommonly form in the vestibulum, of various sizes. When they are large or numerous, they will be attended by a mucous discharge from the vagina, proportionate to the number, size, and situation of them.

These tumours are for the most part insensible, and pressure made upon them causes little or no uneasiness. They seldom possess any regularity of appearance; but each warty tumour appears as if a number of small parts were connected so as to make up one large tumour. Their colour generally resembles that of the part upon which they grow; so that when situated on the labia, their colour will be lighter than when they arise higher up, as upon the vestibulum, or amongst the carunculæ myrtiformes. In

such situations they are generally of a flesh-colour, or inclining to red; but when any part of them is exposed, they appear of the colour of the external skin.

The labia, the nymphæ, the vestibulum, and the carunculæ myrtiformes, are liable to these excrescences; from which, however, they may be readily distinguished. The number of these tumours varies very much: sometimes they are solitary, whilst in other instances they are so numerous as to occupy the whole of the vestibulum; and their growth is often very rapid. It is not unusual for tumours of this kind to arise in parts which have recently been the seat of chancres, particularly when mercury has not been employed in sufficient quantity; and chancres themselves, instead of healing and leaving a smooth surface, sometimes terminate in a thickened state of the cuticle, from which warts arise. It is not necessary to the formation of these tumours, that the part should have been the seat of any syphilitic complaint, for they may arise in parts which have never been so affected.

The attention of the patient is for the most part called to the disease by a mucous discharge, or by the application of the hand to the part to allay the irritation which the excrescence will produce upon the opposite side of the vestibulum ; and in doing this the tumours are discovered. The irritation in this case is often extreme.

The mode of treating the disease must be varied, according to the circumstances of their cause, situation, number, and mode of attachment. If there should not be more than two or three warty tumours, and these seated upon the labia ; and if they should adhere by a narrow neck, a ligature of waxed silk may be tied round each of them, sufficiently tight to interrupt the circulation through them : the ends of the ligature may then be cut off close to the neck of the tumour, which will separate in a few days. If they should be more numerous, they may be cut off with a pair of scissars, and the bleeding may be restrained by touching the surface with argenti nitras. Perhaps this latter mode of treatment is the best in

all cases where the *carunculæ myrtiformes* are the seat of the disease; as the ligature, if the tumours are large, may excite spreading inflammation in the vagina.

If the warty tumours are very numerous, and lie very close to each other, the most ready and the least painful way of extirpating them is to include the skin on which they grow in the grasp of a pair of scissars, and by one stroke of the instrument to take them off. The pain attending the operation is momentary, and must be much less than where each excrescence is removed singly. Any common dressing may be applied to the sore, which generally heals quickly: the tumours, however, sometimes shoot up again.

Inflammation taking place in the neighbouring parts will sometimes remove these warts without any surgical treatment. Upon this principle, stimulating applications of various kinds are useful; and in that form of the complaint, where there is a general warty disposition of the

labia, the application of such stimulants is to be preferred to every other mode of treatment. Amongst such applications may be reckoned, a solution of argenti nitras, hydrargyri murias, cupri sulphas, or ammoniæ carbonas. Either of these may be applied by means of a piece of lint, which may be occasionally wetted and laid upon the parts. A powder composed of equal parts of pulvis sabinæ and cupri sulphas, may also be sprinkled upon the parts with considerable advantage.

In the use of all these applications, care should be taken to regulate their strength properly; and it is better that the absorbents should be very slightly stimulated, than that any injury should be done to the parts by too violent applications.

If the tumours should be connected with syphilis, mercury must be employed; and it is particularly recommended, that in the management of chancres the use of mercury should not be discontinued till the whole of the thickening left by them is removed.

There is great difference of opinion amongst the surgeons of the present day respecting the necessity of the use of mercury in syphilitic ulcers. The author is favourable to its employment, having, he thinks, witnessed many instances of secondary symptoms, referable to the omission or too limited exhibition or application of it.

The mucous discharge, and the itching connected with this disease, will cease upon the removal of its cause: if they should not, washing the parts very profusely and frequently with the coldest water, will be generally sufficient to put an end to them.

CHAPTER XIX.

*Vascular Tumour of the Orifice of the Meatus
Urinarius.*

THIS disease deserves particular notice in this place both on account of the alarm which it creates, and the great pain attending it, and also because it differs from the preceding case in its appearance and symptoms.

Like the warty tumour already described, this disease is attended by a mucous discharge.

There is in most women a degree of projection round the orifice of the meatus urinarius; and from this part sometimes the tumour arises, to which the above name of the vascular tumour of the meatus urinarius has been applied. The texture of this tumour is seldom firm: it is of a florid scarlet colour, resembling arterial

blood; and if violence is offered to it. blood of the same colour is effused: its surface is somewhat granulated. It is exquisitely tender to the touch; and upon an accurate examination, it appears to shoot from the inside of the urethra. It seldom acquires a large size. Upon separating the labia and the nymphæ, the excrescence is immediately exposed. Its attachment is so slight, and it is so moveable, that it appears almost like a detached body lying upon the parts.

The disease is common to the single and married woman. In all the instances which the author has met with, the patients have been under the middle age, and they have been chiefly young women.

The disease is not of common occurrence: the author has, however, very lately seen three cases of it. One was in a young woman who had been married three months, and was pregnant: in this case the pain was so intense, from the sensibility of the tumour, that the patient could not

permit any intercourse with her husband. Another case occurred in a young single woman of a full habit, in whom all the symptoms of puberty were present at an early age. The third case was in a young woman who had recently been delivered, and who was living very profligately.

An exquisite degree of sensibility of the part is a constant symptom of the disease. This acuteness of sensation is confined to the tumour itself, and does not extend to the neighbouring parts. Instances sometimes occur of great pain and tenderness to the touch in the region of the meatus urinarius, accompanied by a thickening of the part; so that upon passing the finger into the vagina, considerable uneasiness is produced: but upon exposing the parts, no disease is visible. This variety of disease also is attended by a mucous discharge. How far such a symptom may render it probable that this disease is going on in the cavity of the urethra, it may be difficult to determine. In a patient under the care of Sir James

Earle, in St. Bartholomew's Hospital, this symptom was present; and, upon exposing the parts, a tumour of a scarlet colour, nearly filling up the orifice of the urethra, was brought into view. In such cases, relief is obtained by the introduction of a large bougie, and suffering it to remain in the urethra for some time.

Patients labouring under the vascular tumour of the meatus urinarius experience sometimes great pain in making water; most probably from the pressure of the fluid upon the tumour, and from the impediment which it may offer to the passage of that fluid. The author has never known or heard of a case in which it was necessary to draw off the urine with a catheter, in consequence of the complete obstruction of the canal by this tumour.

The vascular tumour of the meatus urinarius requires removal by a ligature, or by the scissars and caustic. The ligature is to be preferred, as the tumour is less likely to return than when other means are employed.

The ligature employed should always be so thick as to press upon a large surface, and it should never be drawn so tight as to cut through the neck at once. The intention of the ligature is to destroy the life of the tumour, and to cause the absorbents to throw it off as an extraneous body. This may be effected in twenty-four hours; and the operation being thus concluded, the tumour may not return. Notwithstanding all the care of the practitioner, the parts will sometimes give rise to the reproduction of the disease.

If, however, the neck of the tumour should be *cut* through in the application of the ligature, or if the scissars should be employed, the tumour will be especially likely to regenerate. Whenever the tumour is removed by the scissars, the part from which it arose should be touched with caustic; and the potassa cum calce, applied once lightly, will be more efficacious than repeated applications of argenti nitras. Much greater care is requisite in the use of the potassa cum calce than in that of lunar

caustic: the former should not be allowed to remain upon the part longer than two seconds. A piece of lint should be laid upon the part afterwards, and the patient should remain for a few hours in a state of rest. If there should appear any disposition in the disease to return, the timely use of the potassa cum calce will prevent its increase. *

* Since the publication of the first edition of this work, the author has seen many cases of the disease, the attention of the profession having been called to the complaint by the history given of it by the author. He can now from experience state, that the mode of removing the tumour by the scissors, afterwards touching the surface with caustic, is perhaps the best; as in many cases the tumour possesses so little firmness as to bleed upon the attempt to apply the ligature.

CHAPTER XX.

A Thickening of the Cellular Membrane surrounding the Urethra throughout its whole Extent, accompanied by a Varicose State of the Vessels of the Part.

THE existence of this disease is ascertained sometimes by pain and difficulty in the sexual intercourse; but in many cases the constant uneasiness experienced by the woman leads to the knowledge of it. On examination, a bulbous tumour will be found situated behind the pubis; and if much pressure is made upon it, pain will be produced, but not of a severe kind.

A mucous discharge always attends this disease; secreted probably in part by the membrane of the urethra, and in part by that which lines the vagina.

The parts being exposed, if the patient makes a straining effort, the disease will be

brought into view, putting on the appearance of a tumour, but which is nothing else than a thickening of the urinary passage. On the surface of this thickened part blood-vessels ramify, of a size large enough to admit of being opened by the point of a lancet.

When the patient is in an erect posture, the size of these vessels increases, and she complains of a sense of fulness in the parts: when she lies down, the vessels carry less blood, and the sensation of fulness is diminished. If pressure is made upon the part, the swelling and redness subside for a time; but both return directly upon the pressure being discontinued. Sometimes a pouch forms in the posterior part of the urethra, in which a few drops of urine lodge, and from which situation it may be pressed out by the finger applied to the part. If a catheter is introduced into the urethra, it may be carried backwards to the part where this lodgment of urine is found. Upon this cause depends, perhaps, one of the most troublesome

symptoms of the disease, — a frequent desire to make water, both in the night and during the day, so as to interfere with the patient's rest. When the disease is removed, this symptom subsides. In a case of this kind, which the author attended with the late Dr. Reynolds, the general health of the patient suffered exceedingly; and this was thought to be greatly owing to the disturbed state of rest. In another case of the same kind, which Dr. Bain and the author attended, this circumstance was very distressing; but the chief symptom was a great degree of soreness of the membrane covering the tumour, which symptom does not generally occur in the disease. This soreness was explained by an attentive examination: the mucous membrane covering the tumour had become very thin and shining; and upon the least oblique pressure being applied, the membrane wrinkled and peeled off, leaving the parts below exposed.

The disease occurs principally in married women who have had children; and the

cases which the author has seen of this disease, as well as of that treated of in the preceding chapter, have been chiefly in women with red or light auburn hair and fair complexions.

The disease seems to consist of an enlargement of the blood-vessels of the part; because when the vessels are emptied of their contents, the size of the tumour diminishes. Judging from the colour of the tumour, there is reason to believe that the enlarged vessels are principally veins.

Warm applications (although they may afford temporary relief) will be found eventually to increase the complaint, as they produce a greater relaxation of the blood-vessels of the part.

The most speedy and effectual mode of relieving the patient is by emptying the vessels, either by puncturing them with a lancet, or by the application of leeches: either may be employed, according to circumstances. The size of the vessels and

of the whole tumour will be diminished by these means ; and its colour will be changed from a deep red to the natural colour of the part.

The fulness of the vessels being removed, lotions, composed of solutions of lead, may be applied cold to the parts ; and these should be changed as often as they become warm. Small lumps of ice may be carried into the vagina, and suffered to dissolve there. After a day or two, weak solutions of muriate of ammonia or of sulphate of zinc may be used : at first, the openings made by the leeches or by the lancet would be inflamed by them. Pressure is serviceable, and may be applied either by introducing a piece of wax candle, or a small roll of linen, which may be previously dipped in the lotion.

It may be necessary to repeat the bleeding from time to time, if the symptoms should continue, or if, having subsided, they should return. The bowels of the patient should be kept in a relaxed state

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by some mild saline purgative, and the food of the patient should consist principally of vegetables. The horizontal posture should always be enjoined.

CHAPTER XXI.

On the Transparent Mucous Discharge from the Vagina, not accompanied by any Alteration of Structure of the Sexual Organ.

THIS part of the subject includes two very distinct and dissimilar cases; whether the cause be considered, the symptoms, or the treatment. The first is that which originates from, and is accompanied by, increased action of the vessels of the parts. The second, that which arises from debility; in which latter case the former may terminate.

The case of transparent mucous discharge from the vagina, attended by weakness, more frequently occurs than that which is accompanied with increased action; because many cases of the latter kind terminate in the former. A separate consideration will be given to each case.

ON TRANSPARENT MUCOUS DISCHARGE FROM
THE VAGINA, ARISING FROM INCREASED
ACTION OF THE VESSELS.

Women of naturally plethoric habits, who possess vigorous constitutions, are more liable to profuse secretions from these parts than women of ordinary strength. This fact may be ascertained in investigating the complaints of such women, although the quantity of the discharge is rarely so considerable as to induce the patient to make it the subject of particular complaint: there is, however, a state of the system in which such discharges are so very profuse as to demand attention. Women, who in the middle of life indulge much in the pleasures of the table (particularly if they drink too freely of wine or spirits), whose habits of life are sedentary, and who take very little exercise in the open air, are liable to become suddenly corpulent. They form a larger quantity of blood, as may be known by attending to the blood-vessels. The pulse becomes full, and the superficial

vessels, which were hardly visible before, become in different parts of the body so large as to be easily traced by the naked eye. This may be remarked upon the cheeks. Such women are generally weak, although they may have the appearance of strength; they can take very little exercise without fatigue, and are overcome by a very moderate degree of exertion: the habits, which at one time were sedentary by choice, become so now from necessity; for the woman neither possesses energy enough to exert herself, nor, if she has the inclination, can she indulge it, from the inconveniences attending such exertion.

In many of these cases a slow enlargement of the liver takes place, which may be felt by applying the hand to the side. Generally a very small quantity of bile is mixed with the stools; and sometimes these become not only of a clay colour, but perfectly white. The foetor is usually greater than that of the alvine excretions generally, and it resembles more the odour of putrefaction than that of fæces. As

the quantity of bile which passes into the bowels becomes smaller, the woman becomes more and more constipated, and the obesity increases. The vaginal discharge increases in quantity; the fluid of menstruation also is secreted more plentifully; the intervals between the periods are generally shorter than natural: and these symptoms for the most part lead the patient to apply for professional advice. Upon enquiry, it will be found, that fits of giddiness and of sleepiness have attacked the woman; that there has been pain in the head, perhaps indistinct vision, such as a waving appearance when the eyes are open, or a sensation of sparks when they are closed. These symptoms are sometimes relieved by spontaneous bleeding from the nose. In this way the case proceeds, in some instances disregarded by the woman, until the urgency of the symptoms demands attention.

Many years may elapse before any danger is apprehended; and then all at once the woman may be attacked by a fit of apoplexy, or by some great internal hemor-

rhage, which may quickly destroy her; or she may gradually become weaker and dropsical, and at length die. The symptoms will be diminished after each period of menstruation. The mucous discharge is, probably, in some degree, useful: hence, if a check be given to it without employing any means of unloading the blood-vessels, the violence of the symptoms generally increases.

The author has examined the bodies of women whom he has seen during life with such symptoms as have been described. He has found the uterus somewhat, but very little, enlarged, and the liver sometimes increased to more than twice its natural size. It has been uniformly harder than a healthy liver, but there have not been any particular parts of the viscus more diseased than the rest: upon cutting into its substance, it has commonly appeared remarkably yellow.

The objects in the treatment of this case are, to unload the vessels, by removing at once a large quantity of blood; to prevent

its too quick formation in future ; to restore, if possible, the liver to a healthy state ; afterwards, to moderate the vaginal discharge, or to diminish the inconveniences attending its continuance ; and lastly, to lay down proper rules for the patient's conduct, in order to prevent a return of the symptoms.

If any local symptoms, arising from fulness, should be present, the blood should be taken from the neighbourhood of the affected part by scarifications, and cupping-glasses applied between the shoulders, to the lower part of the abdomen, to the loins, or to the region of the liver, when there is reason to suppose it affected. If no such symptoms should be present, the lancet may be used. Small quantities of saline purgatives, given three or four times a day, eminently relieve, by increasing the secretion from the mucous glands of the intestines, and also by stimulating the extremities of the biliary ducts in the duodenum, so that a larger quantity of bile may be poured out by them. Such a mode

of treatment is infinitely preferable to the recurrence to mercurials, which are much too frequently exhibited. Whilst this plan is pursued, the diet of the patient should be regulated. She should live chiefly upon fruits, vegetables, and light puddings. By slow degrees, the quantity of exercise may be increased, till at length it can be taken so as to counterbalance any disposition which there may be to form too large a quantity of blood.

The patient should be prohibited from taking fermented liquors and spirits. If the functions of the stomach should have been much impaired, by being long accustomed to stimulants, it may not be proper to withdraw them altogether: but even here, spices, the aromatic seeds, and volatile alkali, will supersede the use of ardent spirits.

Until the plethoric state of the system shall have been removed, tepid water alone may be thrown into the vagina; but when the symptoms arising from this state have

subsided, a weak solution of sulphate of zinc may be injected into the vagina several times in a day.

Local increased action may become the cause of the disease. Frequent sexual intercourse may give rise to this case, which is therefore very frequently met with in women of dissolute lives, either in weak or in plethoric habits.

Women who have frequently miscarried, those who take much exercise on horseback, or who have borne many children, are more liable to the complaint than women who have not been pregnant.

Where inflammation of a common or specific kind has attacked the mucous membrane of the vagina, and purulent secretion has long existed, when this inflammation subsides, the matter secreted becomes gradually less yellow, and more tenacious, and at length is found to be merely mucus. This case is sometimes very difficult of cure.

In the treatment of the case of discharge of transparent mucus from the vagina, produced by increased action of the vessels of the parts alone, local remedies will be principally required. These should consist of the application of leeches or of cupping-glasses (the parts being also scarified), to the lower part of the abdomen or to the back; and it may be necessary to repeat this operation.

The bowels should be kept in a relaxed state, by the exhibition of manna, castor oil, or some other mild purgative.

The food of the patient should be of the most simple kind, all salted and high-seasoned meats and spices being very improper. Whatever tends to irritate the sexual organs will keep up the disease: all sexual communication should therefore be omitted.

The external parts may be frequently washed with cold water, and solutions of superacetate of lead may be injected by

means of a female syringe into the vagina.*

When the secretion of mucus continues after the local increased action has been allayed, astringent injections will be advantageously employed.

• Dr. Latham informed the author that he had seen several cases of discharge from the vagina where the use of this application had been productive of more benefit than any other; and the author believes that these have been principally cases arising from increased action of the vessels of the sexual organs, as in many other cases of local increased action this remedy is known to be eminently serviceable.

CHAPTER XXII.

*On the Case of Transparent Mucous Discharge
depending upon Debility.*

THAT women whose vagina has lost its tone become liable to this disease, has been before remarked in that part of this work where some general observations upon the nature of vaginal discharge were made. Whatever tends to produce debility of the system may lay the foundation of this complaint; such as long diseases, profuse hemorrhages, or anxiety of mind.

Women who live in a moist atmosphere, who keep bad hours, who spend much of their time in bed, or who inhabit hot rooms, (being generally weak women, and having a relaxed vagina,) will be apt to be affected by the complaint.

It sometimes arises in women who suckle their children for too long a time, and it will often subside spontaneously upon the child being weaned.

The quantity of discharge, and also its consistence, is very various in different cases. It sometimes comes away in a liquid form ; at other times it is ropy.

Pain at the lower part of the spine attends many cases of the disease. This symptom is, however, frequently found where great debility of the system is present.

The continued drain from the system increases the original weakness ; and the quantity of blood remaining is by degrees so much reduced, that the surface of the body becomes every day paler, till at length the cutaneous vessels are completely emptied of their contents, and at this time the skin assumes an appearance resembling that of a dead body. The colour of the sebaceous glands of the skin is evident

through the cuticle; so that to the paleness of the skin is superadded a tinge of yellowness, which is not the effect of absorption of bile, for the urine will be found clear and colourless, and the tunica sclerotica of the eye will retain its pearl-coloured appearance. The exact balance between the secreting arteries and the absorbents being destroyed, the cellular membrane becomes filled with fluid, and the integuments acquire a pasty character. The fluid effused pervades the cells of the cellular membrane throughout the body; the legs and feet swell towards night, and in the morning this swelling subsides, and the face becomes puffed; a shortness of breathing succeeds, which is increased by the horizontal posture, and is rendered most distressing when the patient is going up an ascent, or endeavours to read aloud. Violent palpitations of the heart occasionally give the woman great uneasiness; and this symptom sometimes increases to so considerable a degree, that the action of the heart may be heard by a bystander. During the continuance of these palpi-

tations, the patient becomes very faint, and often considers herself to be dying.*

The circulation in the extremities is very languid, and the hands and feet are almost always cold; the pulse is feeble, sometimes very quick. The digestive organs not only partake of the general debility, but have more than their proportion of weakness. The appetite for food is lost; the power of digestion is diminished; and in consequence of the spontaneous changes which the food undergoes in its passage through the stomach and intestines, the patient becomes much annoyed by flatulence.

Bile is secreted very irregularly, and sometimes this secretion is suspended. Costiveness is a general attendant on this state of

* The symptoms attending this case of vaginal discharge are admirably described by Hippocrates: —

“Οδυνη εχει την νειαιρην γαστερα και τας ιξυας και τας κενεωνας. Και οιδηματα των τε σκελεων και των χειρων, και τα κοιλα αιρεται· και οι οφθαλμοι υχροι, και η χροη ικτερωδης, και λευκη γινεται· και οκοταν πορευηται ασθμαινει.” —Περι Γυναικειης Φυσιος.

disease. — In the farther progress of the case, hectic fever comes on, the difficulty of breathing becomes more extreme, and the patient dies with the symptoms of water on the chest. Although these symptoms are of the most formidable kind, and threaten the life of the patient, they frequently yield to the employment of proper means, which must be directed with skill, pursued with energy, and continued with patience.

The first care of the practitioner should be to remove, if possible, the causes of the disease. If the patient has been living in a moist unhealthy situation, she should be removed to one which is more dry and salubrious : without attention to this very important circumstance, all the resources of art will be useless.

It has been stated, upon good authority, that the disease is frequent in Holland, and that it is epidemic in wet autumns. — The author has repeatedly seen the complaint attended by the worst symptoms in women

who live in damp situations, and in the crowded parts of London, in whom they have quickly disappeared upon a removal to a more healthy spot. The woman should not be permitted to breathe a confined air. When the weather permits, she should go out ; and the apartments in which she lives and sleeps should be large and well ventilated. Her habits of life should be regular. She should rise betimes in the morning, and retire to rest early in the evening. If she is too weak to sit up during the whole of the day, a sofa is to be preferred to a bed.

Persons who are very weak are much disposed to sleep. This prevents that exhaustion of the powers of the frame which would otherwise take place. Exercise proportioned to the strength and to the means of the patient should be recommended ; when the weather permits, it should be taken in the open air. Exercise in an easy carriage is preferable to walking, and that taken on horseback to both. The chamber horse or

elastic plank may be employed when exercise out of doors cannot be used.

The food should be of the lightest kind, such as animal broths and jellies, vegetable jellies, bread properly fermented and well baked. It will be better that the patient should not eat solid animal food until the powers of the stomach are in some degree restored, lest fever should be excited by it. When the powers of the digestive organs become more vigorous, recourse may be had to animal food, which should be taken in small quantities, once only in the twenty-four hours, and in the middle of the day. Tender meats, and such as will not be likely to disagree with the stomach, should be selected. Wine, either pure or mixed with water, as may best suit the palate or the stomach, may be allowed in moderate quantities. All wines which have not undergone a complete fermentation will give occasion to flatulency, and are therefore improper.

The medical treatment is to consist of the employment of means to invigorate the

stomach and the constitution, and to restrain the vaginal discharge, which, as long as it continues, must increase the debility.

If steel and the other metallic tonics are exhibited in the first instance, they will either be rejected, or they will increase the frequency of the pulse and the general heat of the body; and thus, by wearing out its powers, exhaust that strength which they were intended to augment.

Instead of this plan the patient should take, two or three times in the day, a draught of infusion of calumba or some other light bitter, with the addition of a few grains of carbonate of ammonia.

At the end of two or three weeks, it is to be expected that the stomach will have received an increase of strength; and then, instead of the volatile alkali, fifteen or twenty drops of tincture of muriate of iron, or of ammoniated iron, may be added to the draught.

Sulphuric acid is a useful tonic in these cases, and may be given in an infusion or decoction of bark.

A mixture of myrrh, steel, and alkali, with some aromatic water, in some cases where the stomach will bear it, becomes a valuable remedy.

Under a continuance of these or similar means, the patient's health will be gradually re-established.

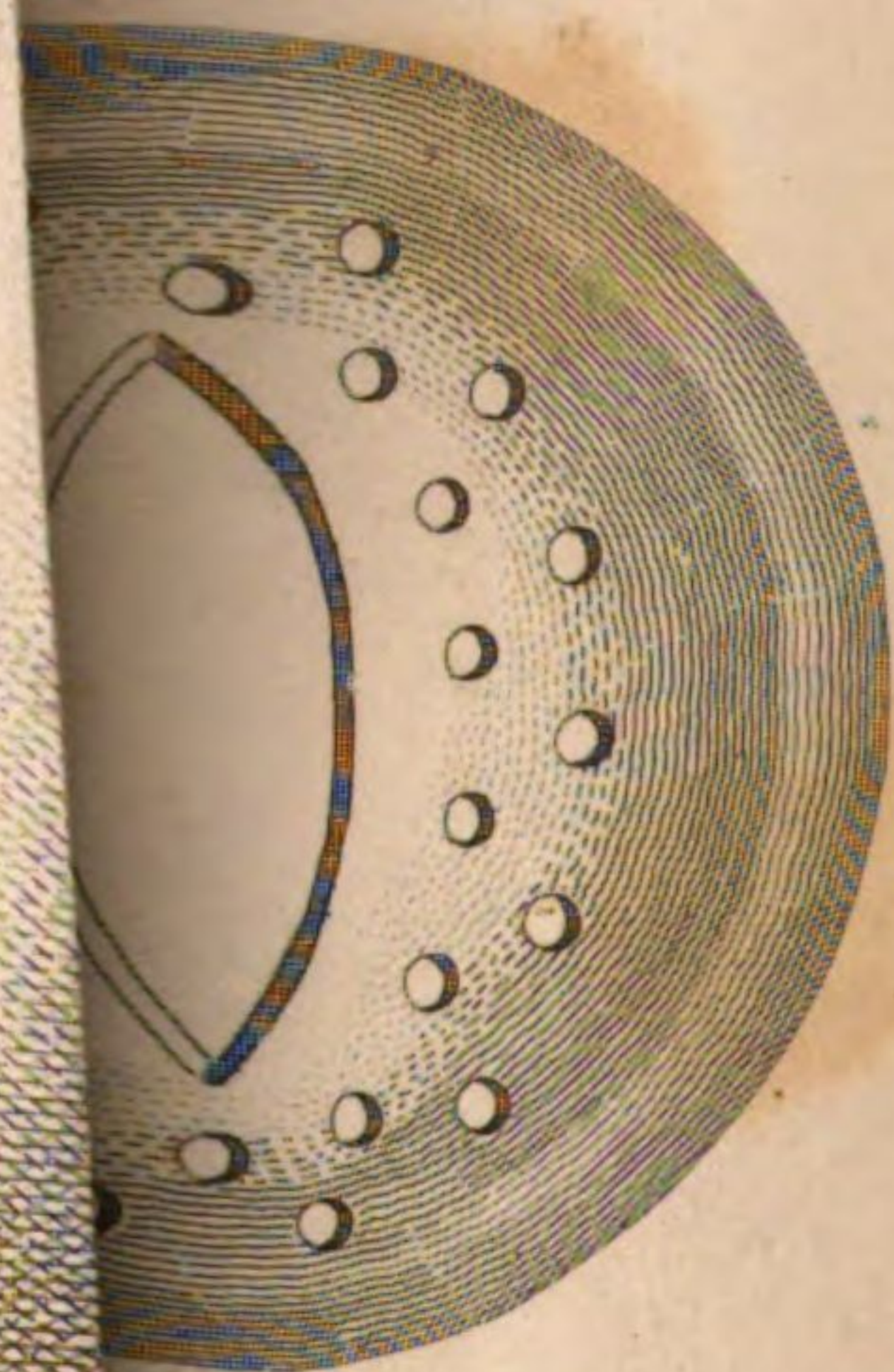
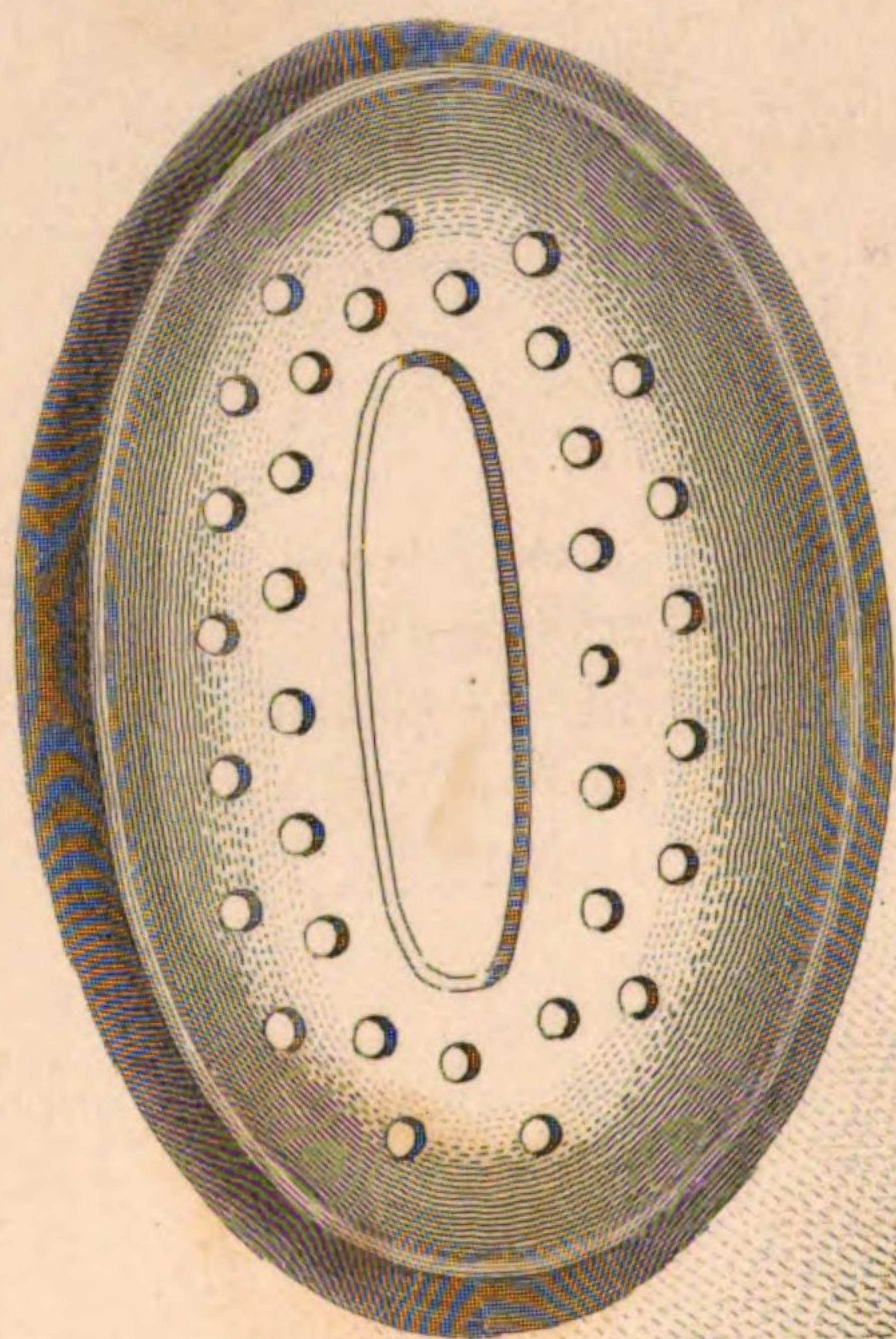
Care is to be taken to regulate the functions of the bowels, until they have acquired sufficient strength to carry down their contents without assistance: for this purpose the *pilula ex alöe cum myrrhâ*, or the *pil. gambog. compos.* of the last Pharmacopœia are well enough adapted.

It is advantageous in some cases, where the biliary secretion is sluggish, to exhibit occasionally a few grains of *pil. hydrarg.* at bed-time; and in the morning following a rhubarb draught.—The strengthening re-

medies will produce a better effect when this is attended to than when it is omitted: but mercurials daily exhibited will be prejudicial.

A solution of sulphate of zinc or of alum may be thrown into the vagina by a syringe, three or four times a day; and if these should not be sufficiently powerful, such injections must be employed as possess a greater degree of astringency.

Cold sea-bathing will be found very useful, when no symptoms are present forbidding it: the system, however, should have first rallied a little. Those patients who cannot bear the shock of a cold bath will occasionally derive great advantage from a shower-bath.—The temperature of the water may be raised to sixty or seventy degrees, if the cold water does not agree with the patient.



A

E

Drawn from Life, by M. Alex. Sheddon.

Engraved by M. Cha^s Heath.

EXPLANATION OF THE PLATES.

PLATE I.

IN this plate is shown a view of Procidentia Uteri taken from the living subject. The tumour had become external, and hung pendulous between the woman's thighs. The bladder was situated in the upper and anterior part of it, and in consequence of having recently expelled its contents, the rugæ of the vagina became very numerous.

- A. The nymphæ.
- B. The orifice of the meatus urinarius.
- C. The rugæ in the inner membrane of the vagina (now the outer coat of the tumour), very numerous near the upper part of the tumour.
- D. The body of the tumour : the rugæ becoming less numerous.
- E. The os uteri surrounded by an ulceration.

Upon the sides of this plate are to be seen engravings of the oval and circular pessary, which are adapted to the greater number of the cases of procidentia uteri.

PLATE II.

A view of another case of Procidentia Uteri also taken during life. The shape of the tumour in this case is more oval than in the case Plate I. This will be explained upon considering, that in the centre of this tumour are contained the uterus, the ovaria, the fallopian tubes, the rectum, the bladder, a large quantity of the small intestines, and the omentum; the weight of all which upon the lower part of the tumour, might be naturally expected to elongate it. This elongation of the tumour, it will be seen, has nearly obliterated all the rugæ of the vagina.

A. The os uteri surrounded by ulcerations.

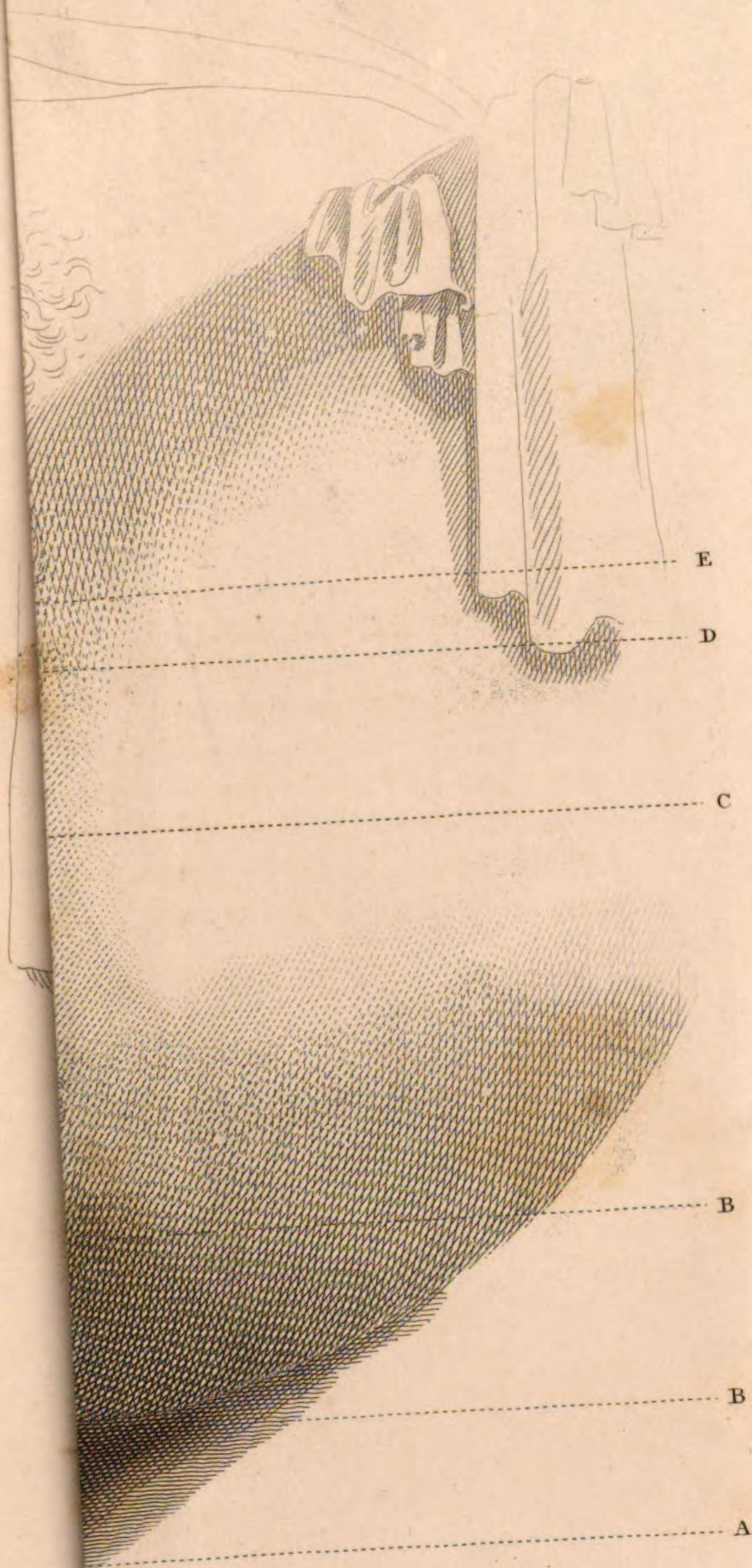
B. B. Two large ulcerated patches.

C. The labia.

D. The orifice of the meatus urinarius.

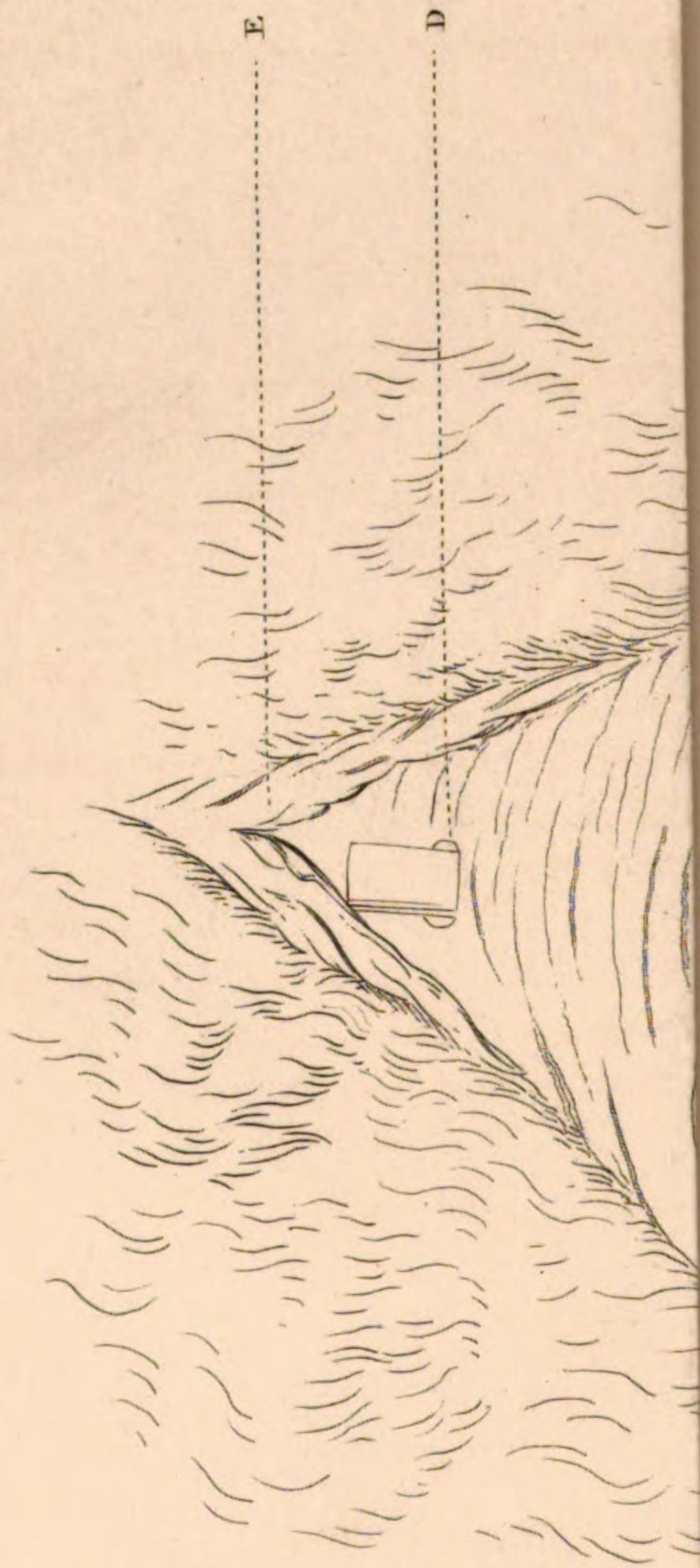
E. The nymphæ.

N.B. The size of this tumour is reduced in the drawing.



Drawn from Life by M^r AL

Engraved by M^r Cha^s Heath.



Engraved by M. J. Heath.

PLATE III.

The patient from whom the former drawing was made, died in Kensington workhouse. This plate is an outline of the parts in the dead body.

A. The os uteri.

B. B. Ulcerations.

C. Rugæ of the vagina.

D. Orifice of the meatus urinarius, into which a bougie is inserted.

E. The nymphæ.

F. The other end of the bougie in the cavity of the bladder, which viscus occupied the anterior part of the tumour.

PLATE IV.

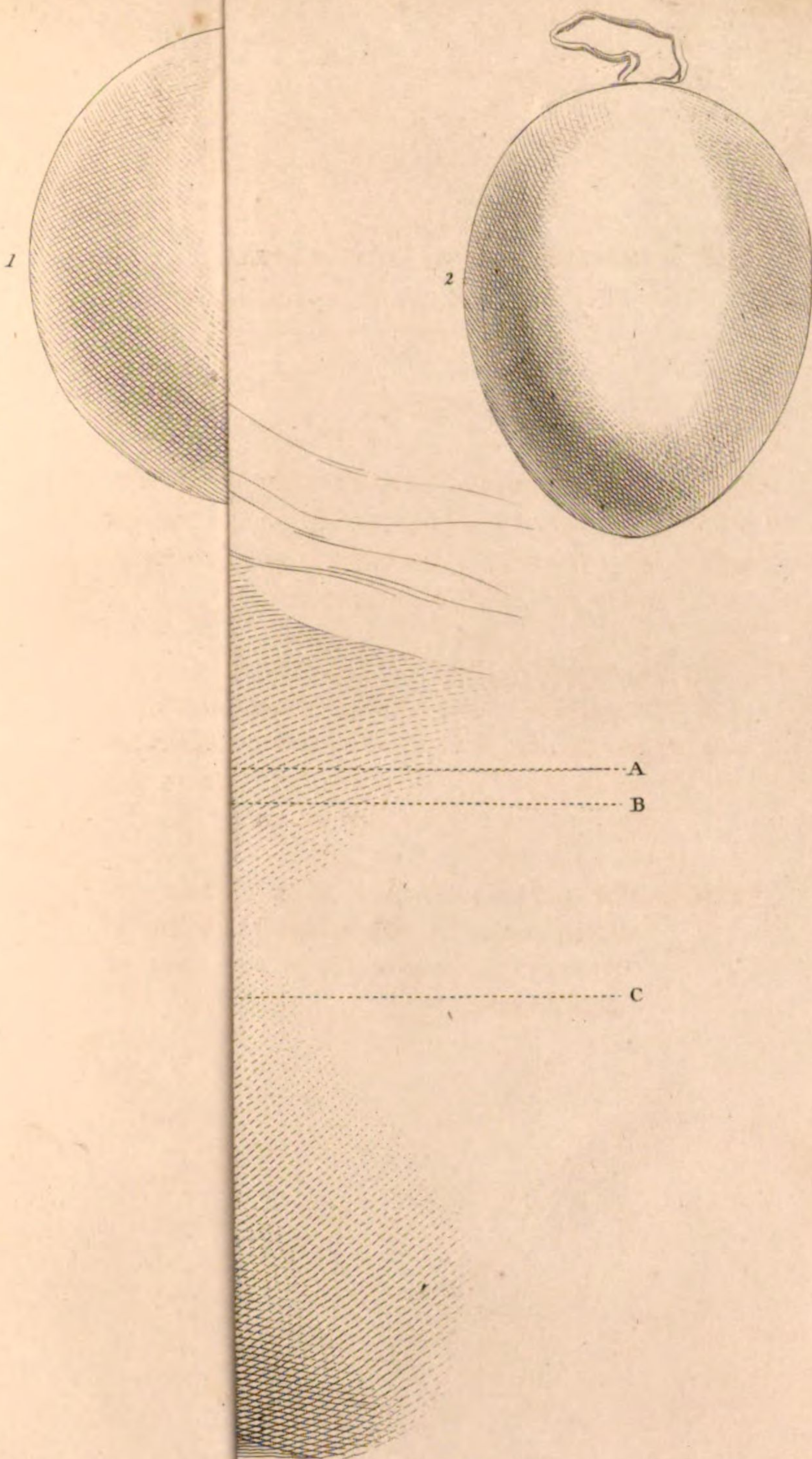
This plate contains a very accurate representation of Procidencia Vesicæ. It is here to be particularly remarked, that there is no opening at the lower part of the tumour.

A. The nymphæ.

B. The orifice of the meatus urinarius.

C. The tumour formed by the procidencia vesicæ, on the surface of which the rugæ of the vagina may be seen.

Fig. 1. The globular pessary. *Fig. 2.* The ovi-form pessary. These are the forms of pessary best adapted to the cure of this disease.





from M^r. Wilson's Collection, Drawn by M^r. Alex^r. Sheddon.

Engraved by M^r. Chas^r. Heath.

PLATE V.

This plate shows the carcinomatous Thickening of the Rectum. A longitudinal section has been made of the gut, which displays the disease, and also the narrowed part of the intestine, which the firm and unyielding nature of the disease renders permanent.

A. The cavity of the intestine in a healthy part.

B. A healthy part of the intestine.

C. The cut surface of the carcinomatous tumour, in which may be perceived some spots of a darker colour: these are not unusual in such tumours.

D. Another cut surface, in which those white lines described by Dr. Baillie are very evident.

PLATE VI.

A very distinct view of Carcinoma Uteri, and of the changes which take place in that viscus in consequence of this disease.

A. The carcinomatous tumour seated at the posterior part of the cervix of the uterus.

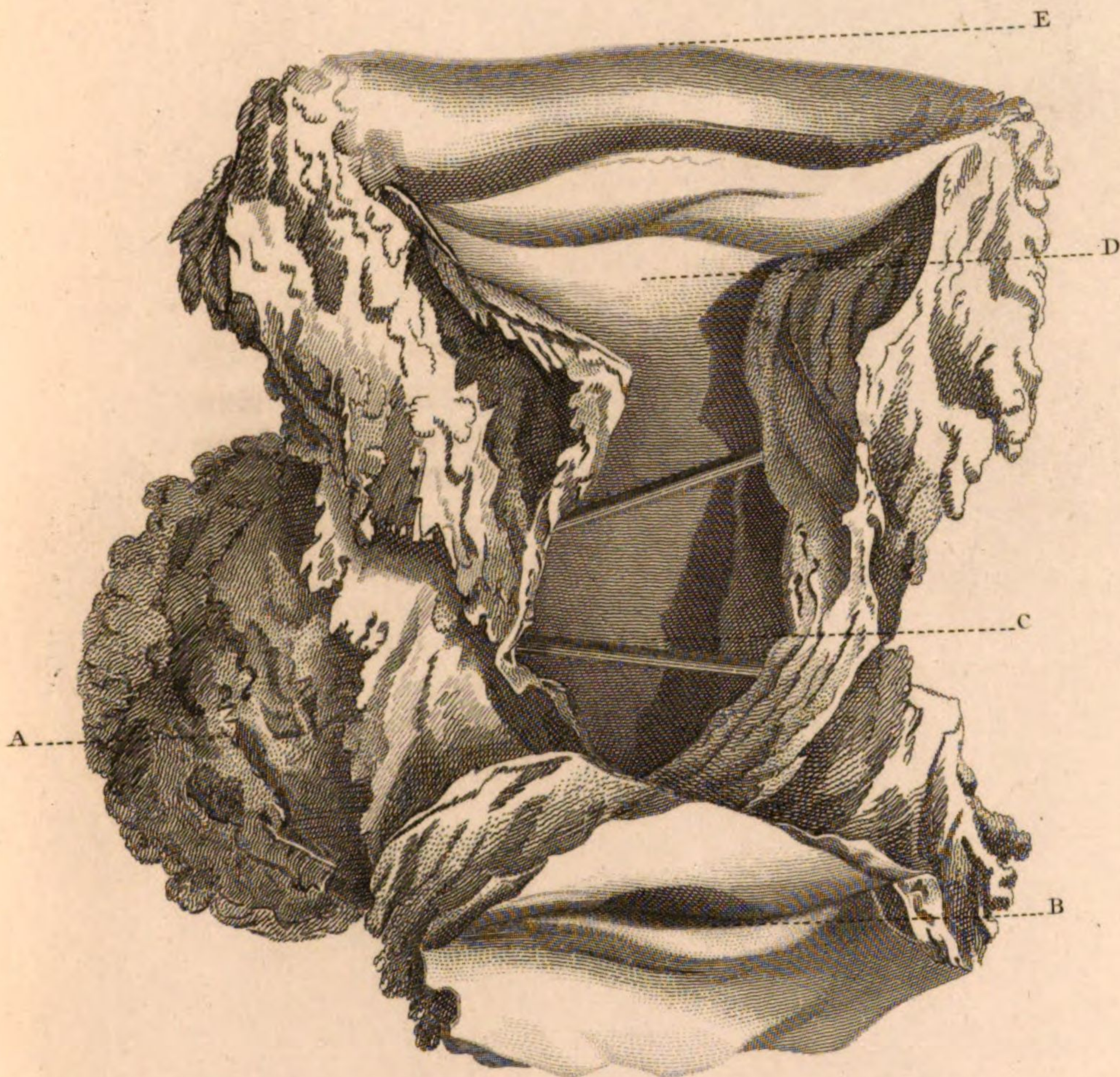
B. The os uteri much enlarged, which forms one of the principal characters of this disease, especially when the sides of the opening are hard and resisting. A small portion of the vagina is left, surrounding the opening.

C. The cavity of the uterus near the cervix.

D. The cavity of the uterus near the fundus.

E. The fundus of the uterus.

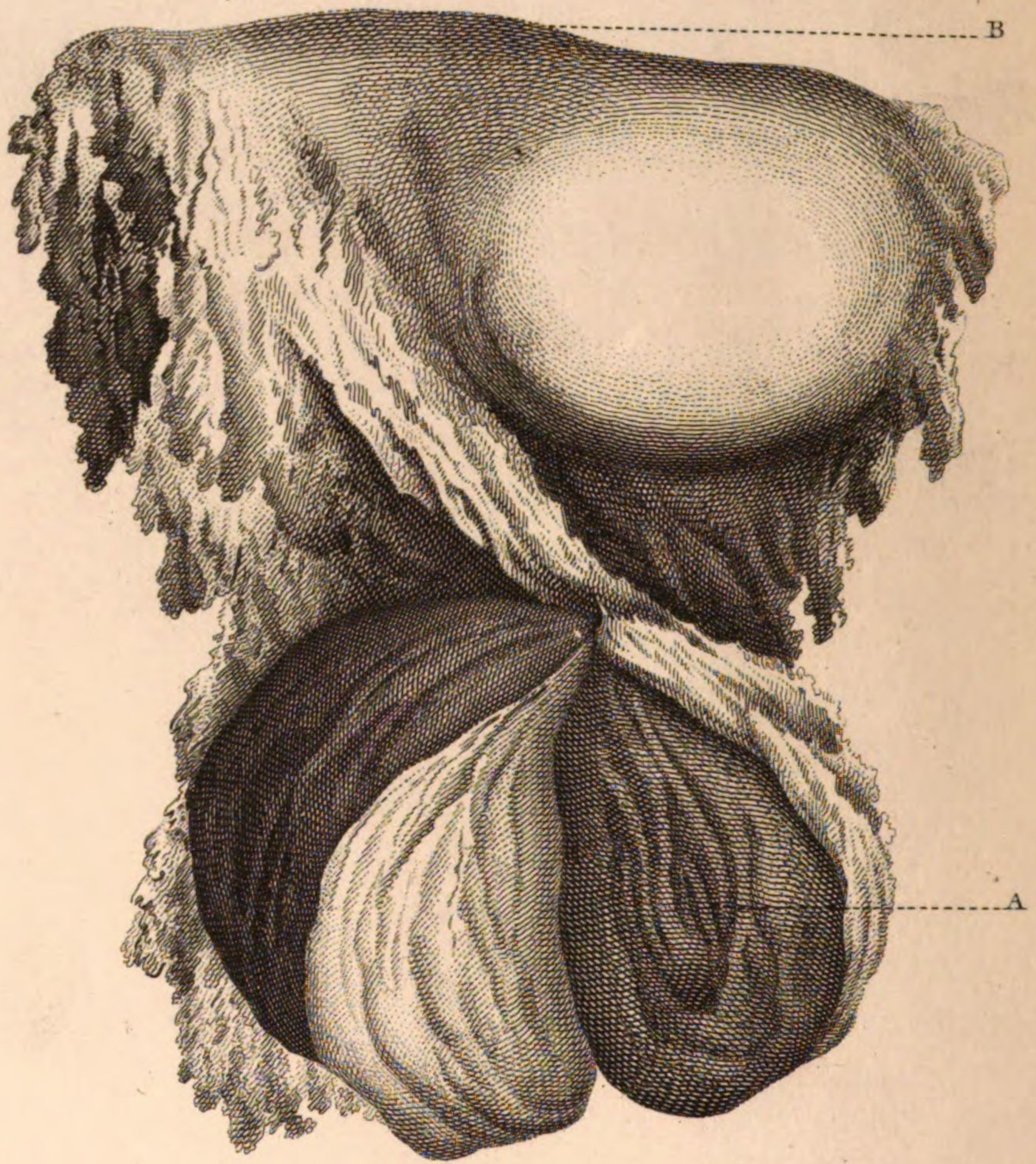
The sides of the uterus are kept asunder by two pieces of quill placed transversely across the preparation.



Drawn by M^r. Alex^r. Sheddon.

Engraved by M^r. Chas^r. Heath.

Pub^d. by Longman & C^o. London. Feb. 1814.



Drawn by M. Alex. Sheddon.

Engraved by M. Cha. Heath.

PLATE VII.

A posterior view of the same preparation. B.

A. Shows a section of the carcinomatous tumour, a part of which only could be exposed in Plate VI.

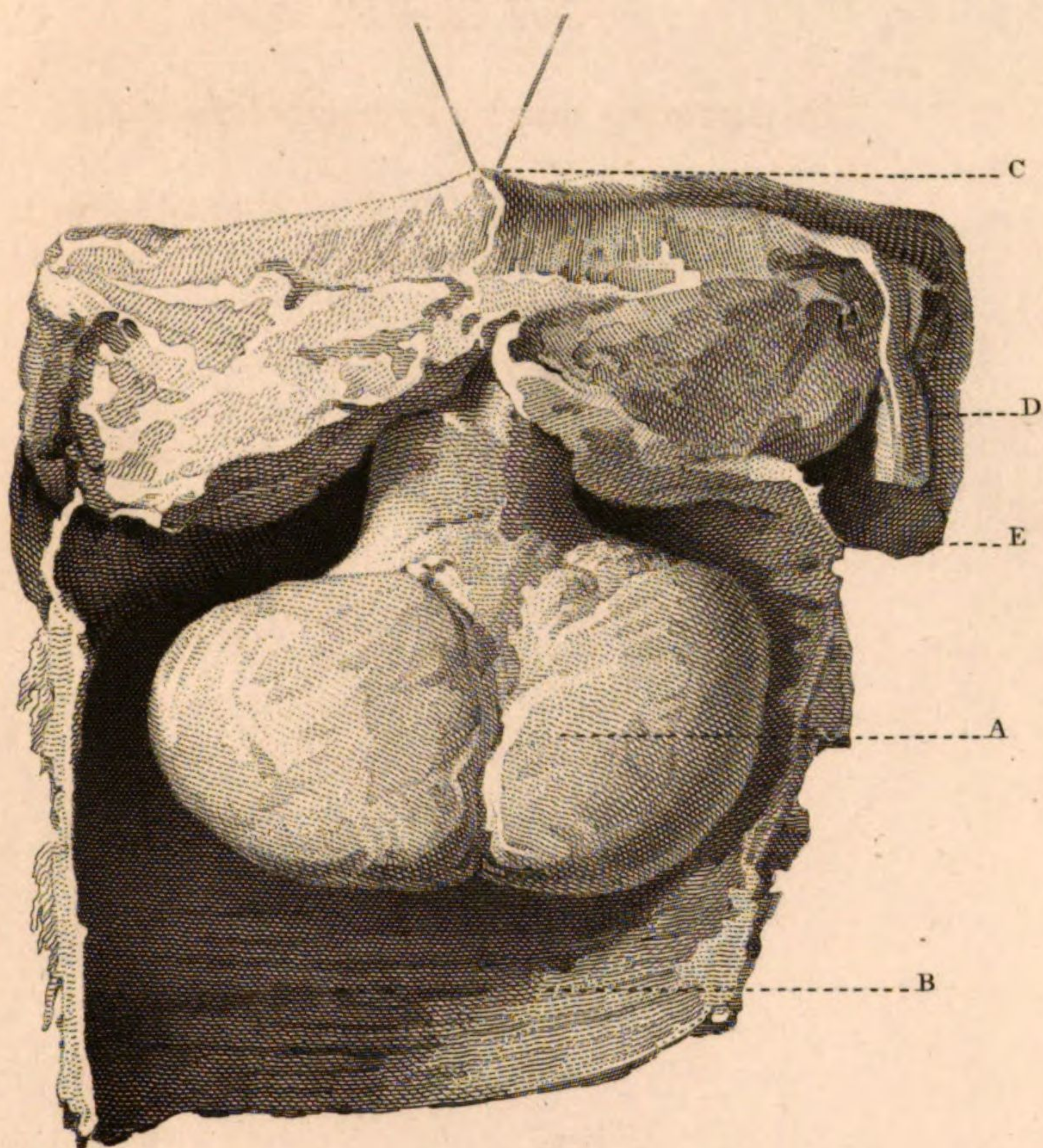
B. The fundus of the uterus.

As the size of this drawing does not exceed the actual size of the preparation, it is obvious that all the parts of the uterus have undergone some degree of enlargement.

PLATE VIII.

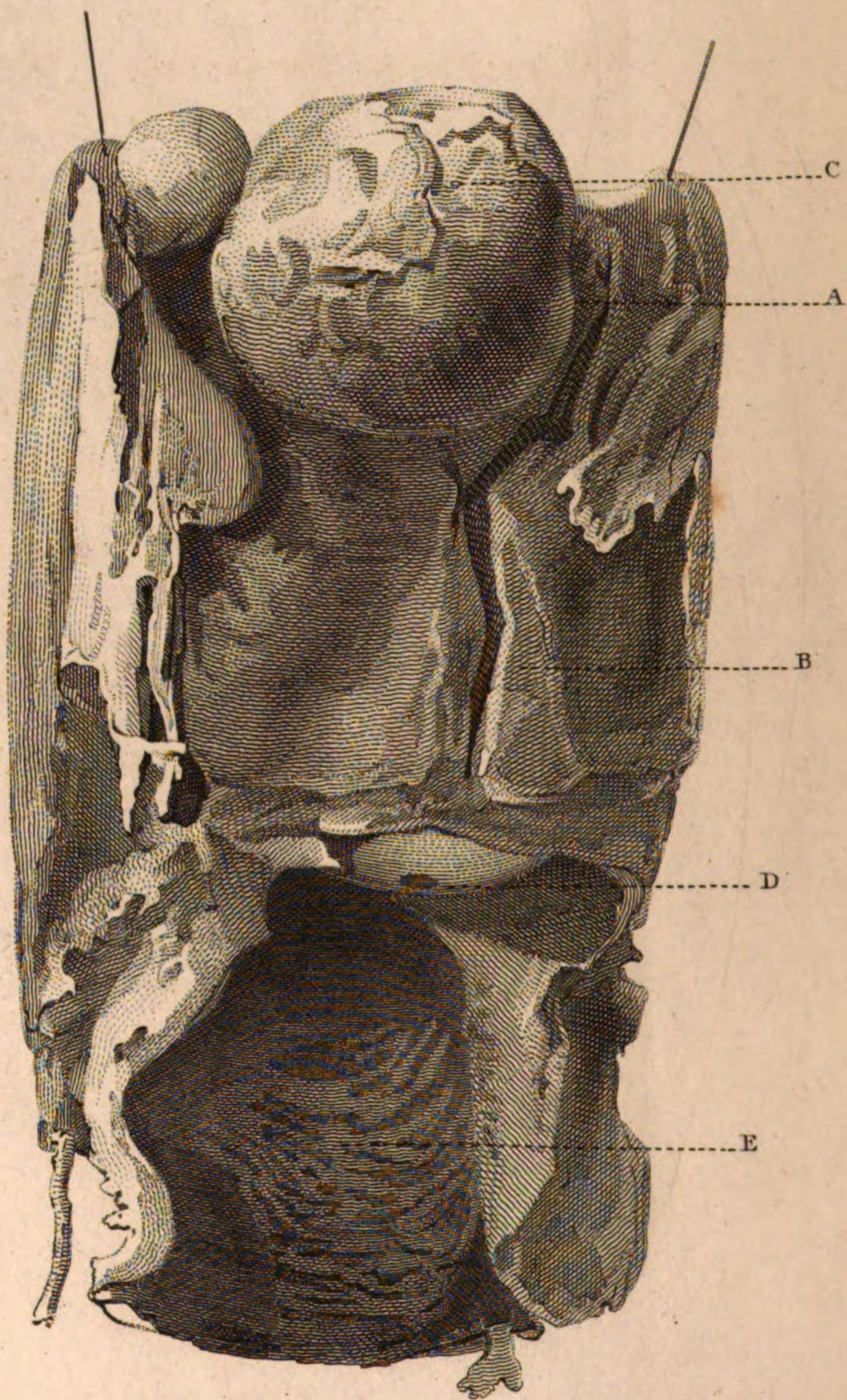
This engraving shows a Polypus of the Uterus.

- A. The polypus, in which may be perceived a longitudinal depression, made probably by the meatus urinarius. It is attached to the fundus of the uterus by a small neck. The tumour has descended out of the uterus into the vagina, which has been slit open to bring it into view.
- B. The vagina; a few rugæ remaining below the tumour. Higher up they are obliterated by the distension of the parts.
- C. The fundus of the uterus, by which the preparation is suspended.
- D. One of the round ligaments.
- E. A part of the left ovarium.



From M. Abernethy's Collection.

Engraved by M. Cha^s Heath.



Engraved by M. Cha^s Heath.

PLATE IX.

Fleshy Tubercle of the Uterus.

- A. The edge of the tubercle.
- B. An incision made from the fundus of the uterus to the cervix, which shows that the sides of the uterus are not thickened.
- C. The surface of the tubercle, having several irregularities upon it.
- D. The os uteri, having undergone no change: indeed its appearance, together with that part of the uterus which projects a little into the vagina, may be looked upon as a specimen of a perfectly healthy os uteri.
- E. The vagina slit open: the rugæ, and the very irregular manner in which they are disposed, are also very correctly shown.

PLATE X.

At the lower part of the plate there is a rod for passing a ligature round a polypus of the uterus. The handle is made hollow, so as to admit a part of the rod, which is secured by a spring in the handle.

At the upper part of the plate is a wire, by means of which the ligature can be drawn through the canula.

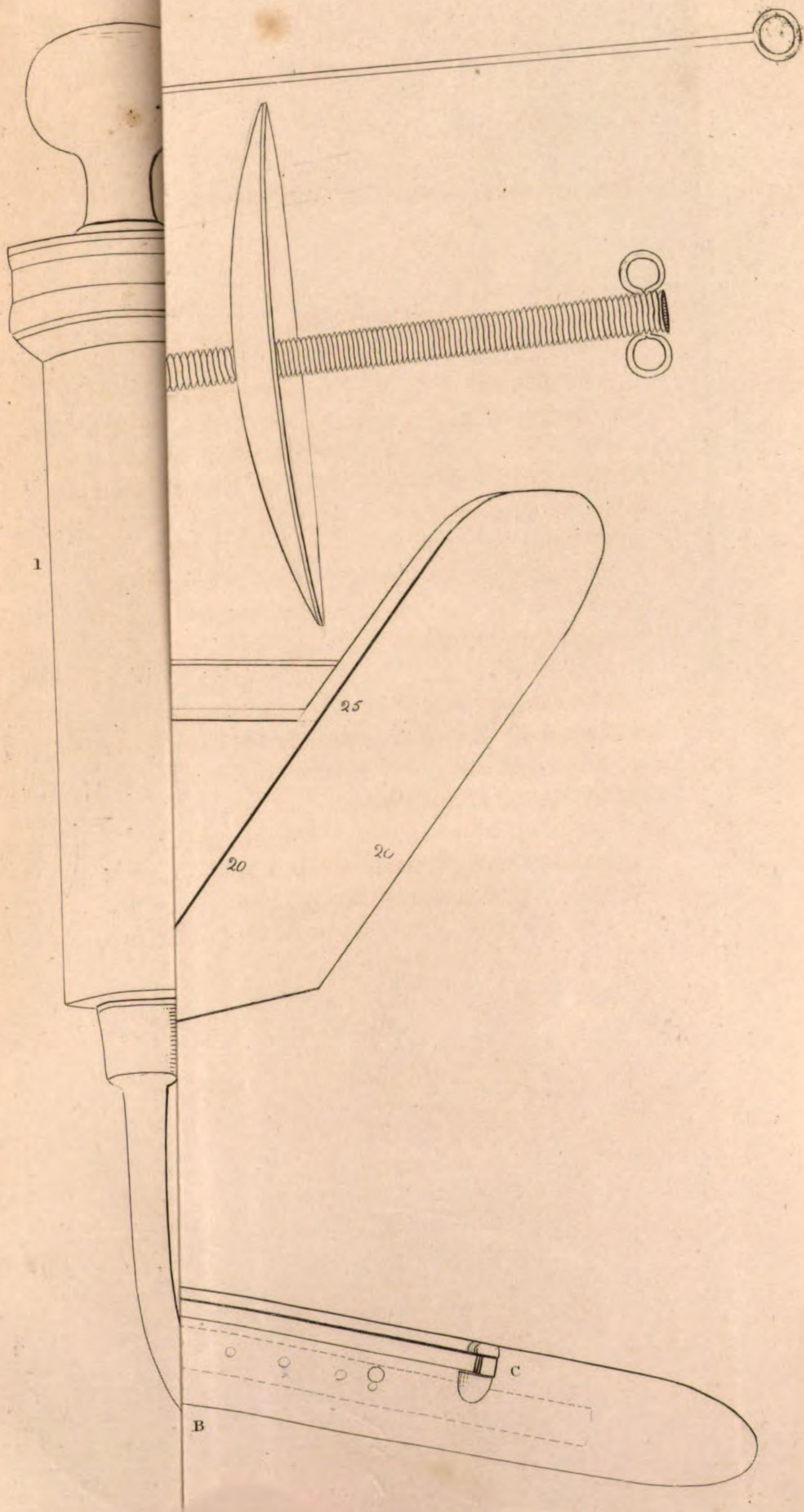
Immediately below this is the canula, furnished with a shield, to prevent the instrument being pushed into the vagina higher than intended by the operation.

In the centre of the plate is a drawing of a hip-bath, the dimensions being given in inches. On the left side of the plate is described the best form of a female syringe.

THE END.

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Clarke, Charles Mansfield

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